

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05205

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

Dr. Young  
146 N. Charles  
The correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH CITY TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY (in this place) 13 days.		2. USUAL RESIDENCE (HOME) OF DECEASED STATE CITY (If outside corporate limits, write RURAL and give nearest town) TOWN STREET ADDRESS 605 S. Potowmack St	
3. NAME OF DECEASED (Type or Print)		(First) (Middle) (Last)		4. DATE OF DEATH May. 18. 1951	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 26, 1895	9. AGE last birthday 56 - 1-22 yrs.	10. CITIZEN OF WHAT COUNTRY USA
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). Superintendent of Dagetown City Park		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Frederick Co. Md.		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Suther Calvin Ahalt		14. MOTHER'S MAIDEN NAME Masie Beachley		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. 214-09-2197		17. INFORMANT AND ADDRESS Mrs. May Pauline Ahalt Dagetown Md		18. MEDICAL CERTIFICATION Myocardial Infarction 5.5.51	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Myocardial Infarction 420.1 Antecedent cause(s) (b) Coronary Sclerosis Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a (c) Coronary Sclerosis 9405					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>		
21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF INJURY	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY While at Work <input type="checkbox"/> At work <input type="checkbox"/>		(CITY OR TOWN) (COUNTY) (STATE)		
INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 19.41, 19., to 5/18/51, 19., that I last saw the deceased alive on 5/18/51, 19., and that death occurred at 7:45 A.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED					
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF May 20, 1951	NAME OF CEMETERY OR CREMATORIAL Rohersville Cemetery	LOCATION (City, town, or county) Rohersville Wash. Co. Md. (State)		
DATE REC'D BY LOCAL REG.	REG. No.	REG. No.	24. FUNERAL DIRECTOR H. J. Baileys & Sons	ADDRESS Baltimore Md	



MARYLAND STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH  
FOR MEDICAL EXAMINERS

05206

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY <b>Washington</b>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE <b>Maryland</b>		COUNTY <b>Washington</b>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <b>Hagerstown</b>		LENGTH OF STAY (In this place) <b>10 Years</b>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Hagerstown</b>		STREET ADDRESS <b>(If rural, give location) Washington Co. Home</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Wash. Co. Home</b>							
3. NAME OF DECEASED (Type or Print)	(First) <b>FRANK</b>	(Middle) <b>RHODES</b>	(Last) <b>ALTER</b>	4. DATE OF DEATH	(Month) <b>May</b>	(Day) <b>11</b>	(Year) <b>19</b>
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	10. If under 1 year Months	11. If under 24 hrs Days	12. If under 24 hrs Hours
Male	White	Single	2/6/1895	56 yrs.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None - Mentally Arrested</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Hagerstown, Md.</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13. FATHER'S NAME <b>Daniel Alter</b>		14. MOTHER'S MAIDEN NAME <b>Carrie Rhodes</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT AND ADDRESS <b>Mr. Frank Long Hagerstown Md.</b>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

Immediate cause

(a)

*arterio sclerotic myocardial  
heart failure grade IV*

422. Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause  
stating the underlying cause last

(b)

93d II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

*No*

(c)

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes  No

21. EXTERNAL CAUSE WAS  
PRIMARY  OR CONTRIBUTING  CAUSE OF DEATH.

PLACE (Home, farm, factory, street,  
of office bldg., etc.)  
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)  
OF  
INJURY

INJURY OCCURRED  
While at work  Not while at work

HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry  thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident , suicide , homicide , undetermined

SIGNATURE

(Degree or title) ADDRESS

DATE SIGNED

*S. Robert Wells MD, Deputy Cor. Hagerstown Md.*

*5-12-51*

23. BURIAL, CREMATION  
REMOVAL (Specify)

DATE THEREOF

NAME OF CEMETERY OR CREMATORI

LOCATION (City, town, or county) (State)

**Burial**

**5/14/51**

**Salem Reformed Cem.**

**Near Gearfoss Md.**

DATE REC'D BY LOCAL

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

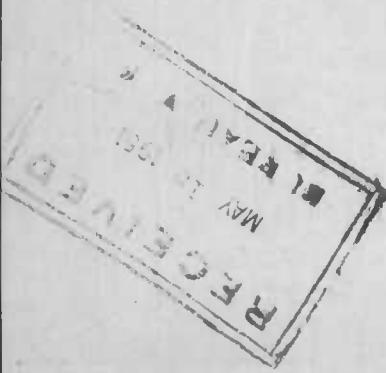
ADDRESS

**5/13/1851**

*Robert Powers*

*Andrew K. Coffman*

*Hagerstown Md.*



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05207

## CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE	
Washington MARYLAND		Maryland COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
Washington County Hospital		816 W. Washington St. (If rural, give location)	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) Ronald Wayne Andrews		(Month) May (Day) 5 (Year) 1951	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
Male	White	Single	May 4 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
None		Maryland	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Herbert L. Andrews		Thelma L. Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO.	
		17. INFORMANT AND ADDRESS	
		Herbert L. Andrews Hagerstown Md.	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
<p>161a</p> <p>722.0 Immediate cause (a) <i>Asphyxia due to tracheal obstruction</i> 7</p> <p>Antecedent cause(s) (b) <i>Mucous aspiration</i></p> <p>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)</p>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Hemorrhage, pulmonary, mild (post resuscitation)</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) OF INJURY	(Day) m.	(Year) 1951	(Hour) 4:52 PM
INJURY	INJURY OCCURRED While at Work	Not While Work	HOW DID INJURY OCCUR? At work <input type="checkbox"/>
22. I hereby certify that I attended the deceased from <u>4:52 PM</u> , 1951, to <u>2:35 A</u> 1951, that I last saw the deceased alive on <u>5-5</u> , 1951, and that death occurred at <u>5-4-235A</u> 1951, from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED			
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL
Burial		May 5 1951	Rose Hill Cemetery
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR
May 5, 1951		Frank Powers	ADDRESS
		CM SUTER & SONS	Hagerstown Maryland

RECEIVED  
MAY 7 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05208

Dr Le Van

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hagerstown			CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hagerstown		
LENGTH OF STAY <i>Left 3 weeks</i>			STREET ADDRESS 1134 Potomac Ave		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital			(If rural, give location)		
3. NAME OF DECEASED (Type or Print)	(First) CAMILLE	(Middle) DeVenus	(Last) BACHTELL	4. DATE OF DEATH May 7 1951	(Month) 19 19
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <i>Single</i>	8. DATE OF BIRTH Jany 20 1906	9. AGE last birthday 45	If under 1 year Months Days Hours Min.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Receptionist			10b. KIND OF BUSINESS OR INDUSTRY Photo Studio	11. BIRTHPLACE (State or foreign country) Hagerstown, Md.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Charles Bachtell			14. MOTHER'S MAIDEN NAME Elizabeth Martin		
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 214-09-8236		
17. INFORMANT AND ADDRESS Mrs Evelyn Altemier, Hagerstown, Md.			18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 9 mon.		

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a) *Carcinoma of Breast with  
metastasis*170X  
50

## Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause  
stating the underlying cause last

(b)

11. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not  
related to the disease or condition causing death.

(c)

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes  No 

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) m.	(Year) 5/9/51	(Hour) 5/9/51	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *March 15, 1951*, to *May 7, 1951*, that I last saw the deceased  
alive on *May 6, 1951*, and that death occurred at *12:05 A.M.* from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED  
*5/7/51*

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 5/9/51	NAME OF CEMETERY OR CREMATORIUM St. Paul's Cemetery	LOCATION (City, town, or county) Near Clearspring Md.
DATE REC'D BY LOCAL May 7, 1951	REGISTRAR'S SIGNATURE Leah Bowers	24. FUNERAL DIRECTOR Andrew K. Coffman	ADDRESS Hagerstown Md.

RECEIVED  
MAY 3 1951  
FEDERAL BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05209

Dr Beachley

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Hagerstown			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. County Hospital			STREET ADDRESS 59 Harmans Alley		
3. NAME OF DECEASED (Type or Print)		(First) ROBERT	(Middle) LEE	(Last) BARTON	4. DATE OF DEATH May 31 1951
5. SEX		6. COLOR OR RACE Male White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, Separated	8. DATE OF BIRTH Jan 4 1903	9. AGE last birthday 48 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			10b. KIND OF BUSINESS OR INDUSTRY Md Pipe & Supply Co.	11. BIRTHPLACE (State or foreign country) Hagerstown Md	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Harry Barton			14. MOTHER'S MAIDEN NAME Ella Smith	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 314-09-1736			17. INFORMANT AND ADDRESS Mrs Lucy Barton 59 Harmans Alley		
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) 502.1 Antecedent cause(s) (b) 80a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 502.1 Hagerstown Md. INTERVAL BETWEEN ONSET AND DEATH					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Probable Brain Disease			19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>		
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 30, 1951, to May 31, 1951, that I last saw the deceased alive on May 30, 1951, and that death occurred at 4 P.M., from the causes and on the date stated above. SIGNATURE Dr. Lucy Barton, M.D. DATE SIGNED June 1, 1951 ADDRESS					
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF June 4/51		NAME OF CEMETERY OR CREMATORIUM Rose Hill Cemetery	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE Blastowers		LOCATION (City, town, or county) (State) Hagerstown, Md.	
24. FUNERAL DIRECTOR Andrew K. Coffman				ADDRESS Hagerstown, Md.	

RECEIVED  
BUREAU U. S.

JUN 6 1951

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05210

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Washington		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN Hagerstown (in this place) life			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 916 Chestnut Street			STREET ADDRESS (If rural, give location) 916 Chestnut Street		
3. NAME OF DECEASED (Type or Print)	(First) Annie	(Middle) L.	(Last) Baxter	4. DATE OF DEATH May 11, 1951	(Month) (Day) (Year)
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec. 29, 1866	9. AGE last birthday 84 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework			10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY U.S.
13. FATHER'S NAME William Jones			14. MOTHER'S MAIDEN NAME Susan Hill		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Mrs. Grace Slick Hagerstown, Md.	
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause 420.1	(a) Coronary embolism				
Antecedent cause(s) 94a	(b) Hypertension, arteriosclerosis				
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				
21. ACCIDENT SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, of office bldg., etc.) INJURY			(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	While at m.	Not While Work	At work	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/1/51, to 11 May, 1951, that I last saw the deceased alive on 9 May, 1951, and that death occurred at 9:05 a.m., from the causes and on the date stated above.					
SIGNATURE	(Degree or title)			ADDRESS	DATE SIGNED 5/11/51
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF May 14, 1951	NAME OF CEMETERY OR CREMATORIUM Rose Hill Cemetery		LOCATION (City, town, or county) Hagerstown, Maryland (State)	
DATE REC'D BY LOCAL REG.	REG.	REG.	REG.	24. FUNERAL DIRECTOR ADDRESS Fred W. Kraiss Hagerstown, Md.	
REG.					



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

115211

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		MARYLAND LENGTH OF STAY (in this place) 3 years		2. USUAL RESIDENCE (HOME) OF DECEASED CITY (If outside corporate limits, write RURAL and give nearest town) TOWN STREET ADDRESS		COUNTY Washington	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		15 East Maple Street		15 East Maple Street		15 East Maple Street	
3. NAME OF DECEASED (Type or Print)		(First) Eva Schall (Middle) (Last) Bell		4. DATE OF DEATH		(Month) (Day) (Year)	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married		8. DATE OF BIRTH	
Female		Caucasian		Oct. 18-1874		9. AGE last birthday	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Interior Decorator		Retired		Ontario Canada			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		Lena Weinstein			
Joseph Schall		Lena Weinstein					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION	
No.		219-12-2186		Crm. Bell-15 E. Maple St. Hagerstown Md.		Malnutrition Carcinoma of rectum	
19. I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		20. AUTOPSY?		INTERVAL BETWEEN ONSET AND DEATH			
Immediate cause (a) Malnutrition		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		6 months			
Antecedent cause(s) (b) Carcinoma of rectum				6 1/2 yrs.			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		None.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)			
(Specify)		INJURY		(COUNTY)			
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
OF INJURY		m.					
22. I hereby certify that I attended the deceased from <u>Nov. 1, 1949</u> , to <u>May, 1957</u> , that I last saw the deceased alive on <u>5-4-57</u> , and that death occurred at <u>2-50 p.m.</u> , from the causes and on the date stated above.							
SIGNATURE <u>Robert F. Readle MD</u>		(Degree or title) <u>ROBERT F. READLE</u>		ADDRESS <u>132 W. WASHINGTON ST.</u>		DATE SIGNED <u>5-7-57</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>May 9, 1951</u>		NAME OF CEMETERY OR CREMATORIAL <u>Bowmuns Cemetery</u>		LOCATION (City, town, or county) <u>Bowmuns Wash. Co. Md.</u>	
DATE REC'D BY LOCAL REG. B.C.		REGISTRAR'S SIGNATURE <u>Robert F. Readle</u>		24. FUNERAL DIRECTOR		ADDRESS <u>Crm. J. Best &amp; Sons Bowmuns Md.</u>	

MARGIN RESERVED FOR BINDING

The correct

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cause of death especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED  
MAY 10 1951  
BUREAU V. S.

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05212

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED STATE	
WASHINGTON MARYLAND		MARYLAND WASHINGTON	
CITY (If outside corporate limits, write RURAL and OR, give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN HAGERSTOWN		TOWN KEEYSVILLE	
HOSPITAL OR INSTITUTION OR STREET ADDRESS WASH. CO. HOSPITAL		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
KATHRYN CAMILLA BLOOM MAY - 21 - 1951		(Month) (Day) (Year)	
5. SEX		6. COLOR OR RACE	
FEMALE WHITE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOWED	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
CLERK - DEPARTMENT STORE		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME		12. CITIZEN OF WHAT COUNTRY?	
WILLIAM DENTON WEAVER		NEAR KEEYSVILLE MD. U.S.A.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No.		16. SOCIAL SECURITY NO.	
219-20-4994		17. INFORMANT AND ADDRESS	
18. MEDICAL CERTIFICATION		MRS. FRANCES KEDLER - KEEYSVILLE MD.	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause		(a) Chronic Adhesive Peritonitis	
584X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(b) Acute Bile Peritonitis	
126		(c) Cholecystitis, chronic; Cholelithiasis 10 yes.	
6 mo.			
10 mo			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death:			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
6/2/50, 7/25/50, 8/31/50		(1) Cholelithiasis, (2) Bile Peritonitis, (3) Ext. Bile Fistula	
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	
SUICIDE		(CITY OR TOWN)	
HOMICIDE		(COUNTY)	
INJURY		(STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>June 21, 1950</u> , to <u>May 21, 1951</u> , that I last saw the deceased alive on <u>May 21, 1951</u> , and that death occurred at <u>4:40 P.m.</u> , from the causes and on the date stated above. SIGNATURE <u>Richard J. Hawer M.D.</u> ADDRESS <u>Hagerstown, Md</u> DATE SIGNED <u>5/22/51</u>			
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	
BURIAL		NAME OF CEMETERY OR CREMATORIUM	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE		LOCATION (City, town, or county) (State)	
May 23, 1951 <u>Richard Hawer</u>		NEAR TILGHMANTON MD.	
24. FUNERAL DIRECTOR		ADDRESS	
		W.M.F. BAST AND SONS BURNSBURG MD.	

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MAY 25 1951  
BUREAU U.S.  
FBI

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05213

## CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH CITY TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS			2. USUAL RESIDENCE (HOME) OF DECEASED CITY TOWN STREET ADDRESS		
Washington Hagerstown Washington Co. Hospital			Maryland Hagerstown 539 Guilford Avenue		
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
(First) Helen J. Bond			(Month) May (Day) 4, (Year) 1951		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months Days Hours Min.
female	white		Oct. 6 1875	75 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework			10b. KIND OF BUSINESS OR INDUSTRY own home		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.		
13. FATHER'S NAME Thomas Delaney			14. MOTHER'S MAIDEN NAME Julia Ecton		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. none		
17. INFORMANT AND ADDRESS William N. Bond Hagerstown, Md.			18. MEDICAL CERTIFICATION Diabetic Retinosis 1 Day		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 260X Immediate cause (a) 61 Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5/3/51, 19....., to 5/4/51, 19....., that I last saw the deceased alive on 5/4/51, 19....., and that death occurred at 10:30 A.M., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED Loring W. D. William N. Bond 5/4/51					
23. BURIAL/CREMATION / DATE THEREOF REMOVAL (Specify)		NAME OF CEMETERY OR CREMATORIUM		LOCATION (City, town, or county) (State)	
Burial May 6, 1951		Rose Hill Cemetery		Hagerstown, Maryland	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE REC'D.		24. FUNERAL DIRECTOR ADDRESS May 5, 1951, Fred W. Kraiss Hagerstown, Md.			

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MAY 7 1951

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05214

## CERTIFICATE OF DEATH

Reg. Dist. No

302

**PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH- COUNTY <b>Washington</b>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Pa</b>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Franklin</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Hagerstown</b>		LENGTH OF STAY (In this place) <b>30 days</b>		STREET ADDRESS <b>32 Spring Street</b>		(If rural, give location) <b>Greencastle</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Washington Cor. Hospital</b>		(Last) <b>BREWER</b>		4. DATE OF DEATH <b>May 1</b>		(Month) (Day) (Year)	
3. NAME OF DECEASED (First) <b>Col</b>		(Middle) <b>R</b>		8. DATE OF BIRTH <b>Sept 26 1878</b>		9. AGE last birthday <b>72</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Single</b>		10. KIND OF BUSINESS OR INDUSTRY <b>A.S.A.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Second Army Officer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>A.S.A.</b>		11. BIRTHPLACE (State or foreign country) <b>Chambersburg Pa</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>William E. Brewer</b>		14. MOTHER'S MAIDEN NAME <b>Isabella W. Rowe</b>		15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>none</b>	
17. INFORMANT AND ADDRESS <b>Walter John Brewer Chambersburg Pa</b>		18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause <b>Retropertitoneal hemorrhage</b>		19. DATE OF OPERATION <b>None</b>		20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Antecedent cause(s)  582X 125.6		Antecedent cause(s)  Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last  (a) <b>Retropertitoneal hemorrhage</b>  (b) <b>Liver abscess - Type undetermined</b>		21. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No</b>		PLACE (Home, farm, factory, street, of office bldg., etc.) <b>Greencastle</b>	
22. I hereby certify that I attended the deceased from <b>Feb 1, 1957</b> , to <b>May 2, 1957</b> , that I last saw the deceased alive on <b>May 1, 1957</b> , and that death occurred at <b>Greencastle</b> m., from the causes and on the date stated above. SIGNATURE <b>Walter J. Brewer</b> ADDRESS <b>Greencastle</b> DATE SIGNED <b>5/3/57</b>							
23. BURIAL, CEMERATION REMOVAL (Specify) <b>None</b>		DATE <b>May 4, 1957</b>		NAME OF CEMETERY OR CREMATORIY <b>Cedar Hill Cemetery</b>		LOCATION (City, town, or county) <b>Greencastle</b>	
DATE REC'D BY LOCAL REG <b>May 3, 1957</b>		REGISTRA'R'S SIGNATURE <b>Shane Powers</b>		24. FUNERAL DIRECTOR <b>A. E. Munich</b>		ADDRESS <b>Greencastle</b>	

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MAY 7 1951

BUREAU V. S.

Dr. Hocklander

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05215

## CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH COUNTY Washington MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Washington		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Hagerstown		LENGTH OF STAY (in this place) 8 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown		(If rural, give location) STREET ADDRESS 325 So. Mulberry
HOSPITAL OR INSTITUTION OR STREET ADDRESS 325 So. Mulberry St.			4. DATE (Month) (Day) (Year) OF DEATH May 24 1951 19		
3. NAME OF DECEASED (Type or Print) GEORGE GREGORY BROOKS		(First) (Middle) (Last)	5. SEX Male 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED Mar 23 1873 8. DATE OF BIRTH 9. AGE last birthday 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wood Worker 10b. KIND OF BUSINESS OR INDUSTRY beachley Furn Co. 11. BIRTHPLACE (State or foreign country) Reisterstown Md. 12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Edgar S. Brooks			14. MOTHER'S MAIDEN NAME Barbara E. Hartman		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) --- 317-12-2045		17. INFORMANT AND ADDRESS Mrs Hattie Brooks	
18. MEDICAL CERTIFICATION Hagerstown Md.					

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a) Coronary atherosclerosis

INTERVAL BETWEEN  
ONSET AND DEATH

20 min

## Antecedent cause(s)

Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last

(b) Atherosclerosis heart disease

2 yrs

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes  No 

21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY					
TIME (Month)	(Day)	(Year)	INJURY OCCURRED While at m.	HOW DID INJURY OCCUR? Not While Work <input type="checkbox"/> At work <input type="checkbox"/>	

22. I hereby certify that I attended the deceased from 11 a.m., 1948, to 2 p.m., 1951, that I last saw the deceased

alive on 20 May, 1951, and that death occurred at 8:15 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 5/28/51	NAME OF CEMETERY OR CREMATORIAL Druid Ridge Cemetery	LOCATION (City, town, or county) Pikesville, Md.	(State)
DATE REC'D BY LOCAL REG.		REG. NO. May 27 1951	REGISTRAR'S SIGNATURE ghost flowers	24. FUNERAL DIRECTOR ADDRESS Andrew K. Coffman Hagerstown, Md.	



BUREAU OF INVESTIGATION

## MARYLAND STATE DEPARTMENT OF HEALTH

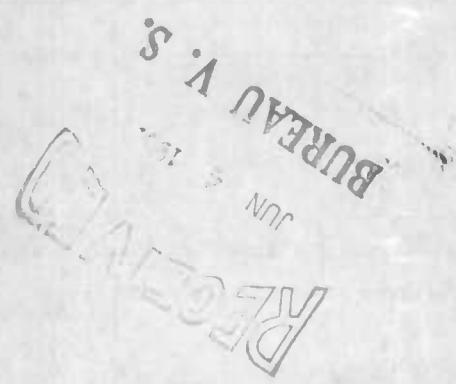
2411 N. Charles Street, Baltimore

05216

## CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH COUNTY <b>washington</b> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland</b> COUNTY <b>washington</b>			
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <b>Williamsport Md.</b>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Williamsport Md. RFD #2</b>			
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Williamsport Sanitarium 154 N Artizan St.</b>		STREET ADDRESS <b>Williamsport Md. RFD #2</b>			
3. NAME OF DECEASED (Type or Print) <b>Eva</b>	(First) <b>Gertrude</b>	(Middle) <b>Buchanan</b>	4. DATE OF DEATH <b>MAY 26</b> 1951		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Aug. 30 1885</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	9. AGE last birthday <b>65</b> yrs. <b>8</b> months <b>25</b> days <b>25</b> hours <b>15</b> min.		
13. FATHER'S NAME <b>William Henry Ditlow</b>		14. MOTHER'S MAIDEN NAME <b>Mary Ellen Norris</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>			
17. INFORMANT AND ADDRESS <b>John Buchanan Rd #2</b>		18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <b>6 years</b>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  H22.2 Immediate cause (a) <i>Myocarditis Chronic</i> 93d Antecedent cause(s) (b) <i>None</i> (c) <i>Persons</i>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>1945</b> , 19, to <b>May 26, 1951</b> , that I last saw the deceased alive on <b>May 26, 1951</b> , and that death occurred at <b>10 A.m.</b> , from the causes and on the date stated above. SIGNATURE <i>John Buchanan</i> ADDRESS <i>Williamsport</i> DATE SIGNED <b>5/26/51</b>					
23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	DATE THEREOF <b>May 22 1951</b>	NAME OF CEMETERY OR CREMATORIAL <b>Review Cemetery</b>	LOCATION (City, town, or county) <b>Williamsport Md.</b> (State)		
DATE REC'D BY LOCAL REG. <b>May 25-61</b>	REGISTRAR'S SIGNATURE <i>E. Lee McElroy</i>	24. FUNERAL DIRECTOR ADDRESS <i>Albert L. Leaf Williamsport Md.</i>			



BUREAU V. S.

05217

Reg. Dist. No. 502

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY <b>Washington</b>			MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Rural Big Springs</b>			2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>Maryland</b>			COUNTY <b>Washington</b>		
			LENGTH OF STAY (in this place) <b>98</b>						CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Big Spring, Rural</b>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Route #1</b>						STREET ADDRESS <b>Route #1</b>			(If rural, give location)		
3. NAME OF DECEASED (Type or Print)	(First) <b>NANNIE</b>	(Middle) <b>ELIZABETH</b>	(Last) <b>CLAGGETT</b>	4. DATE OF DEATH	(Month) <b>May</b>	(Day) <b>2</b>	(Year) <b>1951</b>				
5. SEX	6. COLOR OR RACE <b>Female</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Oct 16 1862</b>	9. AGE last birthday <b>88</b>	If under 1 year Months <b>0</b>	If under 24 hrs. Days <b>0</b>	If under 24 hrs. Hours <b>0</b>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (State or foreign country) <b>Big Springs Wash. Co. Md. USA</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>						
13. FATHER'S NAME <b>Samuel Claggett</b>			14. MOTHER'S MAIDEN NAME <b>Elizabeth Shupp</b>	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>			16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT AND ADDRESS <b>Richard Clopper Big Springs Md</b>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

*Congestive Heart Disease*INTERVAL BETWEEN  
ONSET AND DEATH  
*Day*

420.1 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause  
stating the underlying cause last  
*94a*

(b)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes  No 

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) <b>INJURY</b>	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day)	(Year)	(Hour)	INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5/1/51*, 19....., to *5/2/51*, 19....., that I last saw the deceased alive on *5/2/51*, 19....., and that death occurred at *8:30 P.M.* from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED  
*5/5/51*

23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	DATE THREE OF <b>5/5/51</b>	NAME OF CEMETERY OR CREMATORIAL <b>Clyspg. Mennonite Cemetery</b>	LOCATION (City, town, or county) <b>Clear Springs Md</b>	(State)
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <i>Joseph W. Murray</i>	24. FUNERAL DIRECTOR <b>Andrew K. Coffman</b>	ADDRESS <b>Hagerstown Md.</b>	

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Aug 9 1951

BUREAU K-5

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05218

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH: COUNTY Washington			2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Washington											
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Hagerstown			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown											
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington County Hosp. Hagerstown, Md.			STREET ADDRESS 1001 Hamilton Blvd. (If rural, give location)											
3. NAME OF DECEASED (Type or Print)	(First) Bessie	(Middle) Catherine	(Last) Corderman	4. DATE OF DEATH May 3 1951	(Month) (Day) (Year)									
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOWED	8. DATE OF BIRTH Nov. 26, 1875	9. AGE last birthday 75	If under 1 year Months Days Hours Min.									
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife			10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Big Springs, Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.									
13. FATHER'S NAME William Eader			14. MOTHER'S MAIDEN NAME Susan Angle											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS John E. Corderman Hagerstown, Md.	18. MEDICAL CERTIFICATION									
<p>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</p> <table border="0"> <tr> <td>Immediate cause 443X</td> <td>(a) Hypertension aferent arterio Diabetic Mellitus</td> <td>INTERVAL BETWEEN ONSET AND DEATH 10 years 8 years 6 years</td> </tr> <tr> <td>Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 61</td> <td>(b) Diabetic Mellitus</td> <td>3-28-51</td> </tr> <tr> <td></td> <td>(c) atony of colon Cardiac Failure</td> <td>3 days.</td> </tr> </table> <p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>						Immediate cause 443X	(a) Hypertension aferent arterio Diabetic Mellitus	INTERVAL BETWEEN ONSET AND DEATH 10 years 8 years 6 years	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 61	(b) Diabetic Mellitus	3-28-51		(c) atony of colon Cardiac Failure	3 days.
Immediate cause 443X	(a) Hypertension aferent arterio Diabetic Mellitus	INTERVAL BETWEEN ONSET AND DEATH 10 years 8 years 6 years												
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 61	(b) Diabetic Mellitus	3-28-51												
	(c) atony of colon Cardiac Failure	3 days.												
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>										
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)										
TIME (Month) INJURY	(Day) m.	(Year) 1951	(Hour) 6:30	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?									
22. I hereby certify that I attended the deceased from May 21, 1951, to May 3, 1951, that I last saw the deceased alive on May 3, 1951, and that death occurred at 6:30 p.m., from the causes and on the date stated above. SIGNATURE (Degree or Title) ADDRESS DATE SIGNED W. Howard Jeager, M.D. Hagerstown, Md. May 4, 1951														
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF May 6, 1951		NAME OF CEMETERY OR CREMATORI Rose Hill Cemetery	LOCATION (City, town, or county) Hagerstown (State) Md.									
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE Frank F. Howard		24. FUNERAL DIRECTOR Scott F. Minnich & Son. Hag. Md.										

RECEIVED

MAY 7 1911

BUREAU V. S.



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MAY 24 1951

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

118

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05220

## CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH- COUNTY		Washington	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE		Maryland	WASHINGTON
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)	TOWN	CITY (If outside corporate limits, write RURAL, and give nearest town) OR TOWN		Rural	Big Spring, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Residence McCoy's Ferry		STREET ADDRESS		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)		(First) William	(Middle) Amos	(Last) Everitts	4. DATE OF DEATH		May 12, 1951
5. SEX		6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday		If under 1 year Months Days Hours Min.
Male		White	Widowed	Oct. 1801866	84		yr.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY	
Retired C & O Canal Employee		Industry		Wash. Co., Md.		USA	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME					
----- Everitts		Unknown					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS			
None		None		Lewis H. Everitts		Big Pool, Md.	

18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause		(a) Chr. Myocardial Sclerosis					
Antecedent cause(s)		3 months					
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(b) Arterial Sclerosis					
93d		7 years					
		(c) General					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21. ACCIDENT SUICIDE HOMICIDE		(Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)		(COUNTY)
TIME (Month) (Day) (Year)		(Hour)		INJURY	HOW DID INJURY OCCUR?		(STATE)
OF INJURY		m.		While at Work	Not While At work		

22. I hereby certify that I attended the deceased from April 2, 1951, to May 12, 1951, that I last saw the deceased alive on May 11, 1951, and that death occurred at 4 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

David R Brewer M.D. 5/15/51

23. BURIAL, CREMATION REMOVAL (Specify)		DATE	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)	(State)
Burial		May 15 1951	Shanktown Cem.	Near Big Pool, Md.	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR ADDRESS	
May 15 1951		J. W. Murray		Adrian J. Raymond Near Big Pool, Md.	
				W.W. 541 Clear Spring Md.	

RECEIVED

JUN 12 1951

BUREAU U. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr Zimmerman

05221

Reg. Dist. No. 30

## CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Washington		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Washington		
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		STREET ADDRESS		
TOWN Williamsport		34 Yrs		TOWN Williamsport		123 So Artizan St.		
HOSPITAL OR INSTITUTION OR STREET ADDRESS		123 So. Artizan St		STREET ADDRESS		(If rural, give location)		
3. NAME OF DECEASED (Type or Print)		(First) ELIZABETH	(Middle) MAY	(Last) FOLTZ	4. DATE OF DEATH		(Month) May 31 1951	(Year) 19
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specified) Married	8. DATE OF BIRTH		9. AGE last birthday	
Female		White		May 16 1882	69		If under 1 year Months	If under 24 hrs Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY		
Housewife		Own Home		Williamsport Wash. Co.		Md. USA		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		
Victor Neikirk		Catherine Neikirk		No		None		
17. INFORMANT AND ADDRESS								
Otho S. Foltz Williamsport Md								
18. MEDICAL CERTIFICATION								
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH								
Immediate cause 260X		(a) Myocarditis Prairie Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause 61 stating the underlying cause last						
		(b) (c) Diabetes & Hydrocephalus right						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						
21. ACCIDENT SUICIDE HOMICIDE		(Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)		
TIME (Month) (Day) (Year) (Hour) OF INJURY		m.		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1948, 19, to May 31, 1951, that I last saw the deceased alive on May 30, 1951, and that death occurred at 11 A.m., from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED Dr Zimmerman May 31 1951								
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORIAL		LOCATION (City, town, or county) (State)		
Burial		6-3-51		Green Lawn Cemetery		Md. Wash. Co.		
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS		
June 3-51		Lee McCloskey		Andrew K. Coffman		Hagerstown Md.		

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
BUREAU V. S.

JUN 7 1951

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

15222

## CERTIFICATE OF DEATH

Reg. Dist. No. 300

1. PLACE OF DEATH COUNTY <b>Washington</b>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>MARYLAND</b>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <b>Sharpsburg, RFD</b>		LENGTH OF STAY (in this place) <b>2 years</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		3. NAME OF DECEASED (First) <b>Richard</b> (Middle) <b>Henry</b> (Last) <b>Ford</b>	
4. SEX <b>Male</b>	5. COLOR OR RACE <b>White</b>	6. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	7. DATE OF BIRTH <b>1889??</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farm laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <b>unknown</b>		11. BIRTHPLACE (State or foreign country) <b>Maryland</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <b>214-16-6650</b>	
17. INFORMANT AND ADDRESS <b>Joseph Ford</b>		12. CITIZEN OF WHAT COUNTRY?	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
<p><i>422.1</i></p> <p>Immediate cause (a) <u>Acute mycardial failure</u> 1 hour</p> <p><i>93d</i></p> <p>Antecedent cause(s) (b) <u>Chronic Myocarditis, arteriosclerotic</u> 2 yrs.</p> <p>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Chronic Asthmatic bronchitis with</u> 2 yrs.</p>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Plural effusion</u>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) <b>INJURY</b>	(CITY OR TOWN) <b>Sharpsburg, Md.</b>
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED White at Not White m. Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>March 1, 1951</u> , to <u>May 13, 1951</u> , that I last saw the deceased alive on <u>May 9, 1951</u> , and that death occurred at <u>4 p.m.</u> , from the causes and on the date stated above.			
SIGNATURE		(Degree or title)	ADDRESS
23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		DATE THEREOF <b>May 15, 1951</b>	NAME OF CEMETERY OR CREMATORIAL <b>Pooles Tract</b>
DATE REC'D BY LOCAL REG. <b>May 14, 1951</b>		REGISTRAR'S SIGNATURE <b>Elmer W. Boyer</b>	LOCATION (City, town, or county) <b>Dickerson, Md.</b>
24. FUNERAL DIRECTOR		ADDRESS <b>William B. Hilton 820105</b>	
VS. A15			

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JUN 14 1951

BUREAU U.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05223

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Wash.	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Hagerstown		LENGTH OF STAY (in this place) 6 days		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Hagerstown		STREET ADDRESS 904 Salem Ave.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hosp.						(If rural, give location)	
3. NAME OF DECEASED (Type or Print) Bessie		(First) (Middle) Alice		(Last) Foreman		4. DATE OF DEATH May 30	
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed		8. DATE OF BIRTH 16 Oct. 1881	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Home		9. AGE last birthday 69 yrs.		11. BIRTHPLACE (State or foreign country) Penn.	
13. FATHER'S NAME Jacob D. Shetron		14. MOTHER'S MAIDEN NAME Ella Taylor		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT AND ADDRESS Raymond Hart Hagerstown, Md.			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause (a) Intestinal Obstruction							
174X Antecedent cause(s) (b) Carcinomatous growth Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last							
48b (c) Carcinoma of uterus (uterus) 7 years stating the underlying cause last							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia. Myopathy							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?			
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work m. Not While At work		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 24, 1951, to May 30, 1951, that I last saw the deceased alive on May 29, 1951, and that death occurred at 8 a.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED							
23. BURIAL/CREMATION REMOVAL (Specify) Burial		DATE THEREOF June 2, 1951		NAME OF CEMETERY OR CREMATORIAL Rest Haven		LOCATION (City, town, or county) (State) Hagerstown Md.	
DATE REC'D BY LOCAL REG. KEG. June 2, 1951		REGISTRAR'S SIGNATURE <i>Robert Powers</i>		24. FUNERAL DIRECTOR Fried J. Kraiss		ADDRESS Hagerstown Md.	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.



BUREAU # 3

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05224

Dr Hoffman

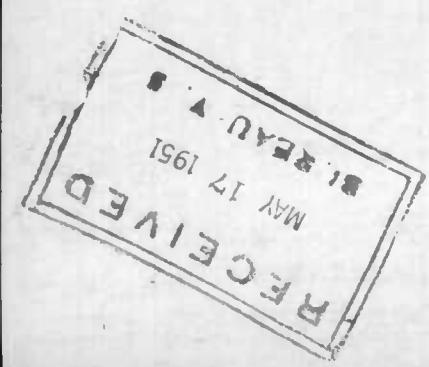
## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY <b>Washington</b>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>Maryland</b>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Hagerstown</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Hagerstown</b>		LENGTH OF STAY (in this place) <b>5 Yrs</b>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Hagerstown</b>		STREET ADDRESS <b>101 Broadway</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>101 Broadway</b>							
3. NAME OF DECEASED (Type or Print) <b>MARY</b>		(First) <b>KATHERINE</b>		(Last) <b>FUNK</b>		4. DATE OF DEATH <b>May 14 1951</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>Oct 27 1860</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>		8. DATE OF BIRTH <b>Oct 27 1860</b>		9. AGE last birthday 90 yrs.	
13. FATHER'S NAME <b>Jacob Snyder</b>		11. BIRTHPLACE (State or foreign country) <b>Hagerstown Wash. Co. Md USA</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		14. MOTHER'S MAIDEN NAME <b>Mary Anna Spessard</b>		17. INFORMANT AND ADDRESS <b>Mrs Mary F. Dunn Hagerstown Md</b>	
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause (a) <b>Coronary Thrombosis</b>   INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>							
Antecedent cause(s) <b>Arteriosclerosis - Generalized</b>   <b>4 yrs.</b>							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <b>94a</b> (b) <b>Arteriosclerosis - Generalized</b>   <b>4 yrs.</b>							
(c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) <b>INJURY</b>		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR? ADDRESS			
22. I hereby certify that I attended the deceased from <b>May 13, 1951</b> , to <b>May 14, 1951</b> , that I last saw the deceased alive on <b>May 14, 1951</b> , and that death occurred at <b>9:45 A.m.</b> , from the causes and on the date stated above. SIGNATURE <b>Clara A. Hoffman</b> (Degree or title) <b>ADDRESS</b> DATE SIGNED <b>May 15, 1951</b>							
23. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>		DATE THEREOF <b>5-16-51</b>		NAME OF CEMETERY OR CREMATORIUM <b>Rose Hill Cemetery</b>		LOCATION (City, town, or county) (State) <b>Hagerstown Md</b>	
DATE REC'D BY LOCAL REG. <b>May 15, 1951</b>		REGISTRAR'S SIGNATURE <b>Robert Powers</b>		24. FUNERAL DIRECTOR ADDRESS <b>Andrew K. Coffman Hagerstown Md</b>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.





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MAY 29 1957

BUREAU U. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05226

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Washington	
CITY (If outside corporate limits, write RURAL and OR, give nearest town) LENGTH OF STAY TOWN Hagerstown (in this place) Life		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital		STREET ADDRESS 1025 Beechwood Drive	
3. NAME OF DECEASED (Type or Print)	(First) Margaret	(Middle) Laura	(Last) Gibney
4. DATE OF DEATH May 25 1951	5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 7-14-1918	9. AGE last birthday 32 yrs.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hagerstown, Maryland	12. CITIZEN OF WHAT COUNTRY U.S.A.		
13. FATHER'S NAME Curvin J. Stine	14. MOTHER'S MAIDEN NAME Iva Hull		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS Ralph I. Gibney, Jr.	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause 682X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 148a		Pulmonary Thrombosis, et Phlebitis, femoral 22 hrs. 3-5 days ??	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		None. Post partum and post operative.	
19a. DATE OF OPERATION 5-22-51	19b. MAJOR FINDINGS OF OPERATION Bilat. partial salpingectomy	20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-20, 1951, to 5-25, 1951, that I last saw the deceased alive on 5-25, 1951, and that death occurred at 8:45 a.m., from the causes and on the date stated above. SIGNATURE ROBERT F. KEADLE DATE SIGNED 5-26-51			
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF 5-28-1951	NAME OF CEMETERY OR CREMATORIAL HAGERSTOWN, MARYLAND, or county) ROSE HILL Cemetery	(State) Hagerstown, Maryland
DATE REC'D BY LOCAL REC'D	REG. REG.	REGISTRAR'S SIGNATURE May 28, 1951, Robert F. Keadle	24. FUNERAL DIRECTOR ADDRESS C. M. Suter & Sons, Hagerstown, Md.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05227

306

Reg. Dist. No.

## CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY <u>Washington</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Montgomery</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Cascade</u>		LENGTH OF STAY (in this place) <u>8 months</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Silver Spring</u>		STREET ADDRESS <u>11316 Kenpi Mill Road</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Ritchie Hospital</u>		(If rural give location)	
3. NAME OF DECEASED (Type or Print) <u>Martcha Alfaretta</u>		(First) (Middle) (Last) <u>Gray</u>	
4. DATE OF DEATH <u>May 3 1951</u>		(Month) (Day) (Year)	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Wedowed</u>		8. DATE OF BIRTH <u>Oct. 10, 1905</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Seamstress</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Nat'l. Laundry &amp; Dryers</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13. FATHER'S NAME <u>Theodore Moore</u>		14. MOTHER'S MAIDEN NAME <u>Annie</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>218-16-1686</u>	
17. INFORMANT AND ADDRESS <u>Hospital Record &amp; 9742 Sligo Creek Pkwy</u>		18. MEDICAL CERTIFICATION <u>Silver Spring, Md.</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>4-5 yrs.</u>			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause <u>170X</u>		(a) <u>Carcinoma of Breast with Generalized Metastasis.</u>	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause <u>50</u>		(b) <u>stating the underlying cause last</u>	
		(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg, etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Sept. 6, 1950</u> to <u>May 3, 1951</u> , that I last saw the deceased alive on <u>May 3, 1951</u> , and that death occurred at <u>4:10 p.m.</u> from the causes and on the date stated above.			
SIGNATURE <u>Daniel Lai</u>		(Degree or title) <u>m.d.</u> ADDRESS <u>Ritchie Hospital, Cascade, Md.</u> DATE SIGNED <u>5/3/51</u>	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF <u>5/6/51</u> NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) <u>Colesville Cemetery</u> (State) <u>Montgomery County Md.</u>	
DATE REC'D BY LOCAL REG. <u>5/7/51</u>		24. FUNERAL DIRECTOR REG. <u>John G. Eastman</u> ADDRESS <u>Warren Pumphrey, 8434 Ga. Ave., Silver Spring, Maryland</u>	

RECEIVED  
FBI BUREAU W. S.

MAY 11 1951

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05228

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

The correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH. COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland	
Washington MARYLAND		COUNTY Washington	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		LENGTH OF STAY (in this place)	
Hagerstown		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
Washington Co. Hospital			
3. NAME OF DECEASED (Type or Print)	(First) Richard	(Middle) Lee	(Last) Griffith
4. DATE OF DEATH	May	(Month) 7	(Day) 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH
male	white	Single	May 6, 1951
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
none		none	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Maryland		U.S.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Donald Wm. Griffith		Ester May Clevenger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
none		none	
17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION	
Donald W. Griffith Funkstown, Md.			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
776X Immediate cause (a) Pre maturity		INTERVAL BETWEEN ONSET AND DEATH	
159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) weight - 1lb 3oz			
(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY?		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
OF INJURY m.		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 6, 1951, to May 7, 1951, that I last saw the deceased alive on May 7, 1951, and that death occurred at 9:30 a.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED			
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) (State)	
Burial		May 9, 1951 Rose Hill Cemetery Hagerstown, Maryland	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	
May 9, 1951		24. FUNERAL DIRECTOR ADDRESS	
Glossy Gowers		Fred W. Araiss Hagerstown, Md.	

RECEIVED

BUREAU V. S.

MAY 11 1951

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Hoffmann

05229

Reg. Dist. No. 302

## CERTIFICATE OF DEATH

1. PLACE OF DEATH CITY Washington				2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland					
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Hagerstown				CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown					
HOSPITAL OR INSTITUTION OR STREET ADDRESS Shadysburg Pike				STREET ADDRESS Shadysburg Pike					
3. NAME OF DECEASED (Type or Print)	(First) FLORENCE	(Middle) CATHERINE	(Last) GROVE	4. DATE OF DEATH	May 13	(Month) 1951	(Day)		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY		
Female	White	WIDOW	3/7/1885	76 yrs.	Housewife	Cavetown Md.	USA		
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME								
Cullen Barr	Catherine Doub								
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS							
	None	Earl B. Grove Hagerstown Md.							
18. MEDICAL CERTIFICATION									
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH									
Immediate cause (a) Broncho Pneumonia 3 days									
Antecedent cause(s) 1200 Diseases or conditions, if any, (b) Arteriosclerotic Heart Disease yrs. 93d giving rise to the above cause stating the underlying cause last									
(c) Arteriosclerosis yrs.									
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.									
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION							20. AUTOPSY?	
21. ACCIDENT SUICIDE HOMICIDE		(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)			(COUNTY)	(STATE)	
INJURY		TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work m.	Not While Work	At work	HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 10, 1951, to May 13, 1951, that I last saw the deceased alive on May 13, 1951, and that death occurred at 3:30 A.M., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED									
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)			(State)		
Burial		5/15/51	Rest Haven Cemetery	Hagerstown			Md.		
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS						
May 15, 1951		Frank Powers	Andrew K. Coffman Hagerstown, Md.						



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05230

## CERTIFICATE OF DEATH

Reg. Dist. No. 361

1. PLACE OF DEATH COUNTY Washington MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Washington	
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) TOWN Williamsport Md. 9 years Yrs		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport Md.	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 9 N. Artizan St.		STREET ADDRESS 9 N. Artizan Street (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) Helen	(Middle) Dugan	(Last) Harsh
4. DATE OF DEATH May 7 1951	(Month)	(Day)	(Year)
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct. 3 1875
9. AGE last birthday 75 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	11. BIRTHPLACE (State or foreign country) Nashville Tenn	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John A. Dugan	14. MOTHER'S MAIDEN NAME Mary Jane Stake	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mr. Albert S Harsh Williamsport Md.	18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
<p>Immediate cause (a) <i>Myocarditis Previous</i></p> <p>422.2 Antecedent cause(s) (b) <i>None known.</i></p> <p>93d Diseases or conditions, if any, giving rise to the above cause (c) <i>stating the underlying cause last</i></p>			
2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
3. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1948, 19, to May 7, 1951, that I last saw the deceased alive on May 6, 1951, and that death occurred at 12:45 P.M., from the causes and on the date stated above.			
SIGNATURE <i>John A. Dugan</i>		ADDRESS <i>Williamsport</i>	DATE SIGNED <i>5/7/51</i>
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	DATE THEREOF May 11 1951	NAME OF CEMETERY OR CREMATORIUM Rosehill Cemetery	LOCATION (City, town, or county) Hagerstown Maryland
DATE REC'D BY LOCAL REG. <i>May 10-1951</i>	REG. <i>8 Lee McElroy</i>	24. FUNERAL DIRECTOR	ADDRESS <i>Albert Leaf Williamsport Maryland</i>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED  
MAY 14 1951

BUREAU U.S.

Dr. Brewer

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05231

Reg. Dist. No. 302

## CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY Washington		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Washington	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Hagerstown		LENGTH OF STAY (in this place) 4 Years		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown		STREET ADDRESS 812 Salem Avenue	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 812 Salem Ave.							
3. NAME OF DECEASED (Type or Print)	(First) JOSEPH	(Middle) MEROHN	(Last) HART	4. DATE OF DEATH	(Month) May	(Day) 10	(Year) 1951
5. SEX	6. COLOR OR RACE Male	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) White	8. DATE OF BIRTH Mar. 23, 1864	9. AGE last birthday 87 yrs.	If under 1 year Months	If under 24 hrs. Days	If under 24 hrs. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		10b. KIND OF BUSINESS OR INDUSTRY Self-Employed	11. BIRTHPLACE (State or foreign country) Big Pool Md.	12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME Henry P. Hart		14. MOTHER'S MAIDEN NAME No Record					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS James F. Hart, Hagerstown, Md.				
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause 450.0		(a) Chr. Endocarditis		INTERVAL BETWEEN ONSET AND DEATH 2 years			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause 92d		(b) Broncho Pneumonia		2 months			
stating the underlying cause last		(c) Arterio Sclerosis		10 years			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Feb 15</u> , 1951, to <u>Mar 11</u> , 1951, that I last saw the deceased alive on <u>May 9</u> , 1951, and that death occurred at <u>79</u> m., from the causes and on the date stated above. SIGNATURE <u>David R. Brewer MD</u> ADDRESS <u>Clear Spring Md.</u> DATE SIGNED <u>5/11/51</u>							
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 5/13/51		NAME OF CEMETERY OR CREMATORIUM Shanktown Church Cem.		LOCATION (City, town, or county) Shanktown, Wash. Co. Md. (State)	
DATE REC'D BY LOCAL REC'D		REGISTRAR'S SIGNATURE Brett Bowers		24. FUNERAL DIRECTOR Andrew A. Coffman Hagerstown, Md.			

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

VS. A15

RECEIVED  
MAY 14 1951

BUREAU Y-S

## MARYLAND STATE DEPARTMENT OF HEALTH Dr. LeVan

2411 N. Charles Street, Baltimore

05232

Reg. Dist. No. 302

## CERTIFICATE OF DEATH

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY <b>Washington</b>		MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) <b>Hagerstown</b>		LENGTH OF STAY (in this place) <b>6 days</b>		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <b>Washington</b>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Hagerstown</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Washington Cty. Hospital</b>		STREET ADDRESS <b>831 View St.</b>		ADDRESS <b>(If rural, give location)</b>					
3. NAME OF DECEASED (Type or Print) <b>Samuel</b>		(First) (Middle) (Last) <b>Hartshorne</b>		4. DATE OF DEATH <b>May 5 1951</b>		(Month) (Day) (Year)			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Widower</b>	8. DATE OF BIRTH <b>Mar. 9, 1871</b>	9. AGE last birthday <b>80 yrs.</b>	If under 1 year Months Days Hours Min.				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Carpenter</b>	11. BIRTHPLACE (State or foreign country) <b>U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>				
13. FATHER'S NAME <b>William Hartshorne</b>		14. MOTHER'S MAIDEN NAME <b>Elizabeth Shafer</b>							
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>148-10-1302</b>		17. INFORMANT AND ADDRESS <b>William S. Hartshorne</b>					
18. MEDICAL CERTIFICATION									
<p>I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH</p> <p>Immediate cause (a) <b>Cerebral Emboli</b></p> <p>422.2 Antecedent cause(s) (b) <b>Endocarditis</b></p> <p>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 93d (c) <b>Myocarditis</b></p> <p>12 hrs</p>									
<p>II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.</p>									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?					
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) <b>INJURY</b>		(CITY OR TOWN) <b>Boonsboro</b>					
(CITY OR TOWN) <b>Boonsboro</b>		(COUNTY) <b>Washington</b>		(STATE) <b>MD</b>					
TIME (Month) (Day) (Year) (Hour) OF INJURY m.		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?					
<p>22. I hereby certify that I attended the deceased from <b>March 21, 1951</b>, to <b>May 5, 1951</b>, that I last saw the deceased alive on <b>May 4, 1951</b>, and that death occurred at <b>12:30 A.M.</b>, from the causes and on the date stated above.</p> <p>SIGNATURE <b>Dr. LeVan</b> ADDRESS <b>Boonsboro</b> DATE SIGNED <b>5/7/51</b></p>									
23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		DATE THEREOF <b>5-7-1951</b>		NAME OF CEMETERY OR CREMATORIAL <b>Rest Haven Cemetery</b>		LOCATION (City, town, or county) <b>Hagerstown, Md.</b>			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <b>Frank Bowers</b>		24. FUNERAL DIRECTOR <b>Andrew K. Coffman, Hagerstown, Md.</b>		ADDRESS <b>554246</b>			

RECEIVED  
MAY 1951  
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05233

## CERTIFICATE OF DEATH

Reg. Dist. No. 306

1. PLACE OF DEATH COUNTY		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE		COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		LENGTH OF STAY (in this place)		Maryland		Baltimore	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		STREET ADDRESS		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN		STREET ADDRESS	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Cascade		Baltimore		2510 W. Franklin St.	
3. NAME OF DECEASED (Type or Print)		(First)	(Middle)	(Last)	4. DATE OF DEATH		(Month) (Day) (Year)
5. SEX		Female	White	Higgins	May	1	1951
6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH	9. AGE last birthday		10. UNDER 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		Dec. 11, 1888	62	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Cook		Brown's Tavern		Maryland		East.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
James H. Preston		Eliza Beech Sweet		no		215-24-1948	
17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION		19. DATE OF OPERATION		20. AUTOPSY?	
Hospital Record.						Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a) Adenocarcinoma of Uterus c Metastasis

INTERVAL BETWEEN  
ONSET AND DEATH

4 yrs

## Antecedent cause(s)

Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last

(b)

(c)

Arterosclerotic Heart Disease

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY						
TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at m.	Not While Work <input type="checkbox"/>	At work <input type="checkbox"/>
HOW DID INJURY OCCUR?						

22. I hereby certify that I attended the deceased from April 20, 1951, to May 1, 1951, that I last saw the deceased

alive on May 1, 1951, and that death occurred at 10:53 P.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

DATE SIGNED

Daniel Lai m.d. Ritchie Hospital, Cascade, Md.

23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town or county)	(State)
Burial		5/5/51	New Cathedral	Baltimore	Md.
DATE REC'D BY LOCAL REG.		REG.	REG.	24. FUNERAL DIRECTOR	
5/3/51		5/3/51	C. W. Redman	ADDRESS	
			J. Tickner & Sons		
				254679 Baltimore Md.	

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05234

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH. COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE	
Washington MARYLAND		Maryland Washington	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (First) (Middle)		4. DATE OF DEATH	
MARY ELIZABETH JONES		5 / 5 1951	
5. SEX COLOR OR RACE		6. DATE OF BIRTH	
Female Negro		5 / 12 / 1889	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. AGE last birthday	
Single		61 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Domestic		Private family	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Robert Jones		Matilda Harris	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.	
no		None	
17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION	
Mo. Cula Harris - Philadelphia Pa.		Carcinoma of Colon.	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
153X Immediate cause (a) Antecedent cause(s) (b) Disease or conditions, if any, giving rise to the above cause, stating the underlying cause last (c)		Carcinoma of Colon.
462		Secondary Disease.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY?		

21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY		TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?
						May 8 <sup>th</sup> 1951
22. I hereby certify that I attended the deceased from						to May 5, 1951
alive on May 5, 1951		and that death occurred at		m., from the causes and on the date stated above.		
SIGNATURE		Degree or title		ADDRESS		DATE SIGNED
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORIUM		LOCATION (City, town, or county) (State)
Burial		5 / 8 / 1951		Rose Hill Cemetery		Hagerstown, Md.
DATE REC'D BY LOCAL REG.		REGISTRATION'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS
May 8, 1951		B. Bowers		William H. Donnelly		2814 Piedmont St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 10 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05235

316

Reg. Dist. No.

## CERTIFICATE OF DEATH

1. PLACE OF DEATH: CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN			2. USUAL RESIDENCE (HOME) OF DECEASED: CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN		
COUNTY Washington MARYLAND Keedysville			STATE Maryland COUNTY Wash.		
HOSPITAL OR INSTITUTION OR STREET ADDRESS			LENGTH OF STAY (in this place)		
3. NAME OF DECEASED (First) (Type or Print) Albert			(Middle) Clayton		
(Last) Kefauver			4. DATE OF DEATH May 29 1951		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH 1/24/1876	9. AGE last birthday 75 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm Owner		
13. FATHER'S NAME Dawson G. Kefauver			11. BIRTHPLACE (State or foreign country) Frederick county--Md		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) No			12. CITIZEN OF WHAT COUNTRY U.S.		
16. SOCIAL SECURITY NO. None			14. MOTHER'S MAIDEN NAME Virginia Shafer		
17. INFORMANT AND ADDRESS Miss Mary Kefauver-Keedysville, Md.			18. MEDICAL CERTIFICATION Virginia Pectoris		
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  420.2 Immediate cause (a) Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last 946 (c)			INTERVAL BETWEEN ONSET AND DEATH		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR? ADDRESS	
22. I hereby certify that I attended the deceased from <u>May 29</u> , 1951, to <u>May 29</u> , 1951, that I last saw the deceased alive on <u>May 19</u> , 1951, and that death occurred at <u>12:30 A.M.</u> from the causes and on the date stated above. SIGNATURE <u>W. D. Kefauver</u> (Degree or title) <u>M.D.</u> ADDRESS <u>Baltimore</u> DATE SIGNED <u>5/30/51</u>					
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 5/31/51		NAME OF CEMETERY OR CREMATORIAL Reformed	
DATE REC'D BY LOCAL REG. <u>May 30/51</u>		REGISTRAR'S SIGNATURE <u>R. A. Gentry</u>		LOCATION (City, town, or county) Middletown (State) Md	
24. FUNERAL DIRECTOR R. I. Earnshaw--Keedysville, Md		ADDRESS 100100			

RECEIVED  
MAY 1 1951

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05236

## CERTIFICATE OF DEATH

Reg. Dist. No. 323

1. PLACE OF DEATH COUNTY Washington		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Hagerstown Md		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown RFD #2	
HOSPITAL OR INSTITUTION OR STREET ADDRESS hFD #2		STREET ADDRESS R. F. D. #2	
3. NAME OF DECEASED (Type or Print) Sallie Hitchcock Kubeck		4. DATE OF DEATH May 10 (Month) (Day) (Year)	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH July 25 1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
13. FATHER'S NAME Frederick Kubeck		11. BIRTHPLACE (State or foreign country) Dry Run Maryland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Mr. Fred Keyser Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
<p>010X Immediate cause (a) <i>Acute Miliary Tuberculosis</i></p> <p>22a Antecedent cause(s) (b) <i>Influenza - Feb. 1951</i></p> <p>22a Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c)</p>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb. 15 1951</i> , to <i>May 10, 1951</i> , that I last saw the deceased alive on <i>May 10, 1951</i> , and that death occurred at <i>7:00</i> m., from the causes and on the date stated above.			
SIGNATURE		(Degree or title) ADDRESS DATE SIGNED	
23. BURIAL, CREMATION REMOVAL (Specify) burial		DATE THEREOF May 13 1951	
DATE REC'D BY LOCAL REG. REC.		NAME OF CEMETERY OR CREMATORIAL Broadfording Cemetery	
REG. REC.		LOCATION (City, town, or county) (State) Hagerstown RFD #2 Md	
REG. REC.		24. FUNERAL DIRECTOR ADDRESS Albert L. Leaf Williamsport Md.	
REG. REC.		REG. REC.	

RECEIVED  
JUN 12 1951

BUREAU Y.S.

## MARYLAND STATE DEPARTMENT OF HEALTH

05237

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 300

1. PLACE OF DEATH- CITY OR TOWN		2. USUAL RESIDENCE (HOME) OF DECEASED- CITY OR TOWN	
Washington Maryland		Maryland Wash.	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural-Sharpsburg		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Rural-Sharpsburg	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)	(First) Catherine	(Middle) Altoona	(Last) Kipe
4. SEX Female	5. COLOR OR RACE White	6. SINGLE, MARRIED, WIDOWER, DIVORCED. (Specify) Widowed	7. DATE OF BIRTH Sept. 27, 1862
8. AGE last birthday 88 yrs.	9. DATE OF DEATH May 25 1951	If under 1 year Months Days Hours	If under 24 hrs. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home	
11. BIRTHPLACE (State or foreign country) Frederick County-Md		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Julia A. McClain	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT Mrs. Flora Poffenberger		18. MEDICAL CERTIFICATION 7 days	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause (a) Cerebral hemorrhage  447X Antecedent cause(s) (b) Generalized arteriosclerosis and hypertension Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 186a (c)  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of the right hip Chronic cholecystitis & Cholelithiasis 10 months 10 Yrs.			
19a. DATE OF OPERATION July 15 1950		19b. MAJOR FINDINGS OF OPERATION Fracture of the right hip Chronic cholecystitis & Cholelithiasis 10 months 10 Yrs.	
20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE accident		PLACE (Home, farm, factory, street, OF office bldg., etc.) Home	
TIME (Month) (Day) (Year) (Hour) OF INJURY July 15 1950 - m.		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input checked="" type="checkbox"/>	
		(CITY OR TOWN) Sharpsburg	
		(COUNTY) Washington	
		(STATE) Md.	
22. I hereby certify that I attended the deceased from 7/15, 1950, to 5/25, 1951, that I last saw the deceased alive on 5/25/51, 1951, and that death occurred at 1 P.M., from the causes and on the date stated above. SIGNATURE Walter H. Shealy (Degree or title) M.D.			
ADDRESS Sharpsburg, Md. DATE SIGNED 5/26/51.			
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 5/28/51	
NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) Mt. View		(State) Sharpsburg, Md.	
DATE RECD BY LOCAL REG.		REGISTRAR'S SIGNATURE Elly Boyce	
24. FUNERAL DIRECTOR R. I. Earnshaw--Keedysville, Md.		ADDRESS	

PLEASE WRITE PLAINLY; WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED  
BUREAU V. S.

JUN 6 1951



RECEIVED

JUN 12 1951

BUREAU U. S.

*Counter-signed  
May 5-51*  
DEPUTY MEDICAL EXAM.  
WASH. CO., MD.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr Victor Miller

05239

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH. CITY <b>Washington</b>		MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) <b>Hagerstown</b>		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <b>Maryland</b>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Hagerstown</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Virginia Ave Extd</b>		LENGTH OF STAY (in this place) <b>15 years</b>		COUNTRY <b>Washington</b>		STREET ADDRESS <b>Virginia Ave Extd.</b>	
3. NAME OF DECEASED (Type or Print) <b>LILLIAN</b>		(First) (Middle) <b>LANDIS</b>		(Last) <b>LISKEY</b>		4. DATE OF DEATH <b>May 3 1951</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, <b>Married</b>	8. DATE OF BIRTH <b>July 26 1885</b>	9. AGE last birthday <b>65 yrs.</b>	10. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (State or foreign country) <b>Marlowe Berkeley Co W. Va.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT AND ADDRESS <b>R. Browne Liskey Sr.</b>		14. MOTHER'S MAIDEN NAME <b>Rebecca Ripple</b>	
13. FATHER'S NAME <b>Joseph Landis</b>		18. MEDICAL CERTIFICATION <b>Hagerstown Md.</b>		19. INTERVAL BETWEEN ONSET AND DEATH <b>6-7 years</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT AND ADDRESS <b>R. Browne Liskey Sr.</b>		18. MEDICAL CERTIFICATION <b>Hagerstown Md.</b>	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause <b>450.0</b>		(a) <b>Chronic Endocarditis</b>		19. INTERVAL BETWEEN ONSET AND DEATH <b>6-7 years</b>			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <b>92d</b>		(b) <b>atrio. Sclerosis</b>		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
		(c) <b>Patient attended by son (chein prater)</b>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>✓</b>							
19a. DATE OF OPERATION <b>0</b>		19b. MAJOR FINDINGS OF OPERATION <b>0</b>		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE <b>0</b>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <b>INJURY</b>		0 (CITY OR TOWN) <b>0</b>		(COUNTY) (STATE) <b>0</b>	
TIME (Month) (Day) (Year) (Hour) OF INJURY <b>0</b>		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> <b>m.</b>		HOW DID INJURY OCCUR? <b>0</b>			
22. I hereby certify that I attended the deceased from <b>4/3 1951</b> to <b>4/3 1951</b> , that I last saw the deceased alive on <b>4-5 years ago</b> , and that death occurred at <b>m.</b> from the causes and on the date stated above. SIGNATURE <b>DR. VICTOR D. MILLER</b> (Degree or title) <b>ADDRESS</b> <b>131 W. WASHINGTON ST.</b> DATE SIGNED <b>5/3-1951</b>							
23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		DATE THEREOF <b>5/5/51</b>		NAME OF CEMETERY OR CREMATORIAL <b>River View Cemetery</b>		LOCATION (City, town, or county) (State) <b>Williamsport Md.</b>	
DATE REC'D BY LOCAL REG. <b>May 5, 1951</b>		REGISTRAR'S SIGNATURE <b>Robert D. Miller</b>		24. FUNERAL DIRECTOR <b>Andrew K. Coffman</b>		ADDRESS <b>Hagerstown Md.</b>	

RECEIVED  
MAY 7 1951  
BUREAU V. S.

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

052411

Reg. Dist. No..... 3.0.5.....

1. PLACE OF DEATH  
COUNTY

WASHINGTON MARYLAND  
CITY (If outside corporate limits, write RURAL and  
OR give nearest town)  
TOWN SAN MAR LENGTH OF STAY  
(in this place)  
19 mo.

HOSPITAL OR  
INSTITUTION OR  
STREET ADDRESS FAHRNEY MEMORIAL HOME

3. NAME OF  
DECEASED  
(Type or Print)

(First) EDITH (Middle) BALINDA

## 4. SEX

FEMALE

6. COLOR OR RACE WHITE

10a. USUAL OCCUPATION (Give kind of work  
done during most of working life, even if retired)

HOUSE WIFE

7. SINGLE, MARRIED,  
WIDOWED, DIVORCED,  
(Specify) WIDOWED

10b. KIND OF BUSINESS OR  
INDUSTRY

OWN HOME

## 13. FATHER'S NAME

EPHRAIM STONER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of  
service)

No

## 16. SOCIAL SECURITY NO.

NONE

## 1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a)

Chronic Myocarditis -

INTERVAL BETWEEN  
ONSET AND DEATH

6 mos

## 1/22.2 Antecedent cause(s)

Diseases or conditions, if any, (b)  
giving rise to the above cause  
stating the underlying cause last

93d

(c)

## 11. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes  No 21. ACCIDENT  
SUICIDE  
HOMICIDE  
(Specify)

PLACE (Home, farm, factory, street,  
OF office bldg., etc.)  
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)  
OF INJURY

INJURY OCCURRED  
While at Work  Not While At work

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 5, 1951, to May 3, 1951, that I last saw the deceased  
alive on May 3, 1951, and that death occurred at 11:30 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

5/25/51

23. BURIAL, CREMATION  
REMOVAL (Specify)

## DATE THEREOF

## NAME OF CEMETERY OR CREMATORIAL

## LOCATION (City, town, or county)

BURIAL

MAY - 26 - 1951

MANOR

CEMETERY NR. TILGHMANTON N.H.

DATE REC'D BY LOCAL  
REG.

REGISTRAR'S SIGNATURE

## 24. FUNERAL DIRECTOR

ADDRESS

May 26, 1951

John H. East

W.M. EAST AND SONS BOONS BORO MD

RECEIVED  
MAY 31 1957  
MURRAY K. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH. COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE	
Washington MARYLAND		Maryland COUNTY Washington	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN		TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS	
Washington Co. Hospital		424 N. Jonathan Street	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
FRANK VERNON LONG		5 / 4 1951	
5. SEX		6. COLOR OR RACE	
Male Negro		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Retired soner owner		Married	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
Retired soner owner		Beverage	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Benjamin Long		Mary Jane Smith	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wnr or dates of service)		16. SOCIAL SECURITY NO.	
No		217-16-2912	
17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION	
Mrs. Lena Long 424 N. Jonathan Street.		INTERVAL BETWEEN ONSET AND DEATH	

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	
Immediate cause (a) Gastroenteritis	
Antecedent cause(s) (b) Pleuroperitoneal effusion	
Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c) Acute peritonitis & effusion	
INTERVAL BETWEEN ONSET AND DEATH	
2 weeks	
2 days.	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, (CITY OR TOWN) (COUNTY) (STATE)			
SUICIDE OF office bldg., etc.)			
HOMICIDE INJURY			
TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
OF INJURY m.			

22. I hereby certify that I attended the deceased from <u>April 29, 1951</u> to <u>May 1, 1951</u> , that I last saw the deceased alive on <u>May 4, 1951</u> , and that death occurred at <u>10:30 P.M.</u> , from the causes and on the date stated above.	
SIGNATURE (Degree or title) ADDRESS DATE SIGNED	
<u>Philip J. Mademan</u> <u>424 N. Jonathan Street</u> <u>5/7/51</u>	

23. BURIAL CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORIAL		LOCATION (City, town, or county) (State)	
Burial		5/8/51		Rose Hill Cemetery		Hagerstown, Md.	
DATE REC'D BY LOCAL REG.		REGISTAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
May 8, 1951		B. Scott Powers		William H. Towns		2919 Frederick St.	

No positive test for tuberculosis obtained. 9-10-51 Dr. Hirshman. (ams)

RECEIVED  
MAY 10 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05242

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY		2. USUAL RESIDENCE (HOME OF DECEASED) STATE			
Washington MARYLAND		Pennsylvania COUNTY			
CITY (If outside corporate limits, write RURAL and OR give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)			
TOWN		TOWN			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS			
Washington County Hospt.		Greencastle Rd. #1			
3. NAME OF DECEASED (Type or Print)	(First) Linda	(Middle) R.	(Last) Martin		
4. DATE OF DEATH	(Month) May	(Day) 3	(Year) 1951		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH		
Female	White	Single	3/2/1951		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday If under 1 year Months Days yrs.	If under 24 hrs. Hours Min.		
11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?				
Maryland	U.S.				
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME				
Seth Martin	Mariam Pesser				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS			
No	None	Mr. Seth Martin Missionary Baptist Church			
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause (a) Convulsions					
3403 Antecedent cause(s) (b) Arachnoiditis					
816 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
INJURY		TIME (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
OF INJURY		m.			
22. I hereby certify that I attended the deceased from 4/26 1951 to 5/3 1951, that I last saw the deceased alive on 5/3 1951, and that death occurred at 7:20 AM m., from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED					
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county) (State)	
Burial		5/5/51	Ruff Menonite Ch. Am.	Washington Co. Md.	
DATE REC'D BY LOCAL REG		REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR		ADDRESS
May 31 1951		Robert Morris	W. Horowitz		Hagerstown Md.

RECEIVED  
MAY 7 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05243

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Hagerstown		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 21 S. Potomac St.		STREET ADDRESS 21 S. Potomac St.	
3. NAME OF DECEASED (Type or Print) WILLIAM		4. DATE OF DEATH May 19 1951	
(First) WILLIAM		(Last) MARTIN	
(Middle) ADRON			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 7, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner-Operator		9. AGE last birthday 65 yrs.	
10b. KIND OF BUSINESS OR INDUSTRY Storage Co.		11. BIRTHPLACE (State or foreign country) Bentonville, Warren Co. Va. USA	
12. CITIZEN OF WHAT COUNTRY Va. USA			
13. FATHER'S NAME Robert H. Martin		14. MOTHER'S MAIDEN NAME Sarah F. Lake	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no. Unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Mrs. Maude Martin, Hagerstown Md.		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) Coronary insufficiency			
Antecedent cause(s) (b) Hypertension cardiovascular disease Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last			
(c) Aortic insufficiency (Sectic) 10 years			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Tuberculosis Tuberculosis 1 1/2 years			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	
(CITY OR TOWN)		(COUNTY)	
(STATE)			
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/> HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 19</u> , 1945, to <u>May 19</u> , 1951, that I last saw the deceased alive on <u>May 19</u> , 1951, and that death occurred at <u>1:40 P.M.</u> from the causes and on the date stated above. SIGNATURE <u>W. J. Layman, M.D.</u> ADDRESS <u>5 Public Square Hagerstown, Md. May 19, 1951</u> DATE SIGNED			
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 5/21/51	
NAME OF CEMETERY OR CREMATORIAL LOCATION (City, town, or county) Rest Haven Cemetery		(State) Hagerstown Md.	
DATE REC'D BY LOCAL REG. May 21, 1951		REGISTRAR'S SIGNATURE <u>Frank Bowers</u>	
24. FUNERAL DIRECTOR Andrew K. Coffman		ADDRESS Hagerstown Md.	



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr Ditto

05244

## CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH COUNTY Washington		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Washington	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		TOWN Hagerstown R #X1	
TOWN Hagerstown R # 1		79 yrs		STREET ADDRESS		(If rural, give location) Beaver Creek	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Beaver Creek							
3. NAME OF DECEASED (First) WILLIAM		(Middle)		(Last) McCAULEY		4. DATE OF DEATH May 9 1951	
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, SEPARATED		8. DATE OF BIRTH Feby 22 1867	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Owner		10b. KIND OF BUSINESS OR INDUSTRY Retired		9. AGE last birthday 84 yrs.		11. BIRTHPLACE (State or foreign country) Beaver Creek Wash. Co. Md USA	
13. FATHER'S NAME Charles McCauley		14. MOTHER'S MAIDEN NAME Mary Newcomer		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT AND ADDRESS Mrs Preston T. Smith			
18. MEDICAL CERTIFICATION 20 North Ave Hagerstown Md							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause (a) Coronary Disease Antecedent cause(s) (b) Family history of disease Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 4 years 94a 10 years							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE TIME (Month) (Day) (Year) (Hour) OF INJURY		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
While at m.		Not While Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 2-1, 1951, to 6-9, 1951, that I last saw the deceased alive on 6-4, 1951, and that death occurred at 2 A.m., from the causes and on the date stated above. SIGNATURE <i>A. JW. Ditto</i> ADDRESS <i>Hagerstown Md</i> DATE SIGNED <i>5/9/51</i>							
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 5/11/51		NAME OF CEMETERY OR CREMATORIAL Beaver Creek cemetery		LOCATION (City, town, or county) Beaver Creek Md (State)	
DATE REC'D BY LOCAL REG. May 10, 1951		REGISTRAR'S SIGNATURE <i>John H. Baet</i>		24. FUNERAL DIRECTOR Andrew K. Coffman		ADDRESS Hagerstown Md	



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05245

Reg. Dist. No. 303

## CERTIFICATE OF DEATH

1. PLACE OF DEATH. COUNTY Washington		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Hagerstown		LENGTH OF STAY 3 (In this place months)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagers town	
3. NAME OF DECEASED (Type or Print) Lulu Virginia Snapp		STREET ADDRESS (If rural, give location) 1001 Salem Ave.	
4. SEX Female		4. DATE OF DEATH (Month) May 28 (Year) 1951	
6. COLOR OR RACE White		5. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
7. DATE OF BIRTH May 9, 1881		8. AGE last birthday 70 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	
11. BIRTHPLACE (State or foreign country) Alma		12. CITIZEN OF WHAT COUNTRY? Va.	
13. FATHER'S NAME Jefferson Dovel		14. MOTHER'S MAIDEN NAME Amanda Kite	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. - - - - -	
17. INFORMANT AND ADDRESS Mrs. Harvey Morris		18. MEDICAL CERTIFICATION Chronic Myocarditis General Atro Sclerosis	
19. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) - - - - - 422.1 Antecedent cause(s) (b) - - - - - Diseases or conditions, if any, giving rise to the above cause 93d stating the underlying cause last (c) - - - - -		INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from April 1, 1951, to May 28, 1951, that I last saw the deceased alive on May 1, 1951, and that death occurred at 9:10 p.m., from the causes and on the date stated above. SIGNATURE <i>W. Beatty M.D.</i> ADDRESS <i>Hagerstown Md.</i> DATE SIGNED <i>5/28/51</i>			
23. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>		DATE THEREOF May 31, 1951	
NAME OF CEMETERY OR CREMATORIUM Rest Haven Cemetery		LOCATION (City, town, or county) (State) Hagerstown Md.	
DATE REC'D BY LOCAL REG. <i>May 31, 1951</i>		REGISTRAR'S SIGNATURE <i>Miss J. Gowers</i>	
24. FUNERAL DIRECTOR Scott F. Minnich & Son		ADDRESS <i>Hag. Md.</i>	

RECEIVED

JUN 4 1959

BUREAU K-5

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

115246

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

1. PLACE OF DEATH COUNTY Washington		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Penna.		COUNTY Franklin	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN rural Mauginsville		LENGTH OF STAY (in this place) 7 MO.		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN rural Greencastle		(If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Mauginsville Menonite Home		STREET ADDRESS		Rt. 2 Greencastle, Pa.			
3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) Myers	(Last) Miller	4. DATE OF DEATH May	(Month) 9	(Day) 1951	(Year)
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Widowed	8. DATE OF BIRTH May 21, 1862	9. AGE last birthday 88	11 under 1 year Months yrs.	11 under 24 hrs. Days	11 under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housekeeper	11. BIRTHPLACE (State or foreign country) Franklin Co., Penna.		12. CITIZEN OF WHAT COUNTRY USA		
13. FATHER'S NAME John S. Myers		14. MOTHER'S MAIDEN NAME Mary Hollinger					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 215-26-1811	17. INFORMANT AND ADDRESS Mrs. Henry Hosteter, Mauginsville, Md.		18. MEDICAL CERTIFICATION		

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

44 X Immediate cause (a) Arteriosclerotic cardio vascular-renal disease 20 years

## Antecedent cause(s)

Diseases or conditions, if any. (b)

131a giving rise to the above cause  
stating the underlying cause last

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

20. AUTOPSY

Yes  No 

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/1, 1939, to 5/9, 1951, that I last saw the deceased

alive on 5/8, 1951 and that death occurred at 5:00 a.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title) ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF May 12, 1951	NAME OF CEMETERY OR CREMATORIUM Dunkard Church Cemetery	LOCATION (City, town, or county) (State) Welsh Run, Pa. Franklin Co.
DATE REC'D BY LOCAL REG. May 10, 1951	REGISTRAR'S SIGNATURE Chas. M. Bowers	24. FUNERAL DIRECTOR Harold M. Zimmerman	ADDRESS Greencastle, Pa.

MARGIN RESERVED FOR BINDING

I

II

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age  
is especially important. Physicians: please write the causes of death clearly and legibly.



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JUN 6 1951

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05248

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY <u>Washington</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Wash.</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Hagerstown</u> LENGTH OF STAY (in this place) 6 mo.		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Hagerstown</u> STREET ADDRESS <u>29A North Foundry St.</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>29A - N. Foundry St.</u>		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Mellie</u>	(Middle) <u>Thomas</u>	(Last) <u>Mundex</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>W, widowed</u>	8. DATE OF BIRTH <u>9-24-78</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>	9. AGE last birthday 72 yrs.
13. FATHER'S NAME <u>Oliver Paul Taylor</u>		11. BIRTHPLACE (State or foreign country) <u>Virginia</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT <u>Mrs. Lottie Thomas (daughter)</u>

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		<u>1hr.</u>
Immediate cause <u>420.0</u>	(a) <u>Coronary occlusion</u>	
Antecedent cause(s) <u>93d</u>	(b) <u>Arteriosclerotic heart disease</u>	<u>years</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>—</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?			
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year)	(Hour)	INJURY OCCURRED While at m. Work	HOW DID INJURY OCCUR? Not While At work		

22. I hereby certify that I attended the deceased from <u>April</u> , 19 <u>50</u> , to <u>May 18, 1951</u> , that I last saw the deceased alive on <u>May 18, 1951</u> , and that death occurred at <u>530 P.M.</u> from the causes and on the date stated above.					
SIGNATURE <u>Mellie Mundex</u>	(Degree or title) <u>W</u>	ADDRESS <u>Hagerstown Md.</u>	DATE SIGNED <u>5/19/51</u>		

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE <u>5-21-51</u>	NAME OF CEMETERY OR CREMATORIAL <u>Rose Hill Cemetery</u>	LOCATION (City, town, or county) <u>Clearspring, Md.</u>	(State)
DATE REC'D BY LOCAL REGISTRY	REGISTRY'S SIGNATURE <u>May 20, 1951</u>	24. FUNERAL DIRECTOR ADDRESS <u>Charles R. Bost, Hancock, Md.</u>		



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05249

## CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH COUNTY Washington		2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Williamsport		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Williamsport	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 18 N. Conococheague St.		STREET ADDRESS 18 N Conococheague Street	
3. NAME OF DECEASED (Type or Print) Percy McKendrick		(First) (Middle) (Last) Murray	4. DATE OF DEATH May 28 1951
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) Married	8. DATE OF BIRTH Nov. 4 1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner grocery store		10b. KIND OF BUSINESS OR INDUSTRY Grocery store	9. AGE last birthday 55 yrs.
13. FATHER'S NAME John Murray		11. BIRTHPLACE (State or foreign country) Williamsport Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. NONE	12. CITIZEN OF WHAT COUNTRY? USA
18. MEDICAL CERTIFICATION		17. INFORMANT AND ADDRESS Mrs. Carrie Murray Williamsport Md.	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
<p>Immediate cause (a) Multiple Myeloma &amp; Pancreomatosis 1950</p> <p>Antecedent cause(s) (b) Multiple diagnosis Confirmed</p> <p>Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) 56</p>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)
TIME (Month) (Day) (Year) (Hour) OF INJURY	m.	INJURY OCCURRED At Work <input type="checkbox"/> Not While At Work <input type="checkbox"/>	HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Feb. 1951, to May 28, 1951, that I last saw the deceased alive on May 28, 1950, and that death occurred at 7 P.m., from the causes and on the date stated above.			
SIGNATURE		ADDRESS	DATE SIGNED 5/29/51
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF June 1 1951	NAME OF CEMETERY OR CREMATORIUM Birerview Cemetery	LOCATION (City, town, or county) Williamsport Md.
DATE REC'D BY LOCAL REG. R.G. June 1-61	REGISTRAR'S SIGNATURE Lee McElroy	24. FUNERAL DIRECTOR Albert L. Leaf	ADDRESS Williamsport Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

JUN 4 1951

BUREAU Y. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05250

## CERTIFICATE OF DEATH

Reg. Dist. No. 917

1. PLACE OF DEATH COUNTY Washington MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Washington				
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place) TOWN (Rural) Sandy Hook 50 yrs.				CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Sandy Hook STREET ADDRESS R.F.D. #1, Knoxville, Md.				
3. NAME OF DECEASED (Type or Print) JOHN CHARLES EDWARD NUCE				4. DATE OF DEATH May 31, 1951				
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 17, 1877	9. AGE last birthday 73	10. If under 1 year Months 9	11. If under 24 hrs. Days 17	12. If under 24 hrs. Hours 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trackman (Retired)				10b. KIND OF BUSINESS OR INDUSTRY B&O. R.R. Co.				
11. BIRTHPLACE (State or foreign country) Loudoun County, Va.				12. CITIZEN OF WHAT COUNTRY USA				
13. FATHER'S NAME William Nuce				14. MOTHER'S MAIDEN NAME Susan Hawk				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 705-07-7723				
17. INFORMANT AND ADDRESS Mrs. Martha Nuse R.F.D. #1, Knoxville, Md.				18. MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 4 hours 2 weeks				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH								
331X Immediate cause (a) Cerebral hemorrhage								
93d Antecedent cause(s) (b) congestive heart failure & hypertension								
Diseases or conditions, if any, (c) giving rise to the above cause giving rise to the above cause stating the underlying cause last								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None								
19a. DATE OF OPERATION now		19b. MAJOR FINDINGS OF OPERATION						
21. ACCIDENT SUICIDE HOMICIDE		(Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		m.		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from ..... , 19....., to ..... , 19....., that I last saw the deceased alive on May 31, 1951, and that death occurred at 4:25 P.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED								
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 6/3/51		NAME OF CEMETERY OR CREMATORIAL Ebenezer Cemetery		LOCATION (City, town, or county) (State) Loudoun County, Virginia		
DATE REC'D BY LOCAL REG. 6/2/51		REGISTRAR'S SIGNATURE Lorraine R. Deppert Deputy		24. FUNERAL DIRECTOR ADDRESS Melvin T. Strode, Charles Town,		970506 morte		

RECEIVED

JUN 6 1961

BUREAU U. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05251

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH CITY TOWN HOSPITAL OR INSTITUTION OR STREET ADDRESS		MARYLAND LENGTH OF STAY in this place Life		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE CITY (If outside corporate limits, write RURAL and give nearest town) TOWN STREET ADDRESS		COUNTY Washington Maryland Hagerstown 215 Summit Avenue		
3. NAME OF DECEASED (Type or Print)		(First) Catherine	(Middle) Mary	(Last) Palladino	4. DATE OF DEATH	May	(Month) 27 19 51	(Day) (Year)
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow	8. DATE OF BIRTH 6-13-1873	9. AGE last birthday 77 yrs.	If under 1 year Months Days	If under 24 hrs. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY own Home	11. BIRTHPLACE (State or foreign country) Oakland Md.	12. CITIZEN OF WHAT COUNTRY U.S.A.				
13. FATHER'S NAME Edward A. Walsh		14. MOTHER'S MAIDEN NAME Teresa Fink		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None				
16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS Angelo L. Palladino, Hagerstown, Md.		18. MEDICAL CERTIFICATION <i>Myocardial Infarction Dorothy Young</i>				
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  420.1 Immediate cause (a) <i>Myocardial Infarction</i> 94a Antecedent cause(s) (b) <i>Dorothy Young</i> 94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <i>3 mos</i> <i>4 yrs</i>								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>				
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)		
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <i>5/1-45</i> , 19....., to <i>5/31</i> , 1951, that I last saw the deceased alive on <i>5/20/51</i> , 19....., and that death occurred at ..... m., from the causes and on the date stated above. SIGNATURE <i>Kathleen Young</i> ADDRESS <i>Hagerstown, Md.</i> DATE SIGNED <i>5/28/51</i>								
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE TIME OF 5-30-1951		NAME OF CEMETERY OR CREMATORIUM Rose Hill Cemetery		LOCATION (City, town, or county) Hagerstown, Maryland (State)		
DATE REC'D BY LOCAL REC'D May 29, 1951		REGISTRAR'S SIGNATURE <i>Charles Bowers</i>		24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Md.				



BUREAU U.S.

JUN 1 1952

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

115252

Reg. Dist. No. 305

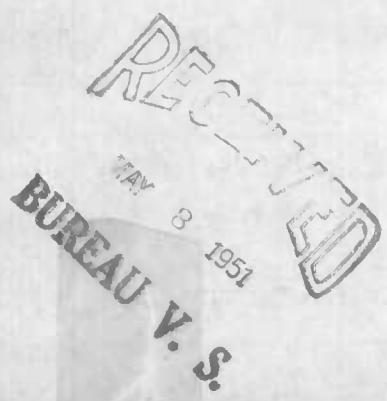
## CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY <u>Washington</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Pennsylvania</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)	
TOWN <u>Boonsboro</u>		TOWN <u>Chamberburg</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Guildford Nursing Home</u>		STREET ADDRESS <u>(If rural, give location)</u>	
3. NAME OF DECEASED (Type or Print) <u>Annie</u>		4. DATE OF DEATH <u>May - 4 - 1951</u>	
(First) <u>m.</u> (Middle) <u>Patterson</u>		(Month) (Day) (Year)	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Feb. 4 - 1862</u>	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>		9. AGE last birthday <u>89-3-0</u> If under 1 year Months Days Hours Min.	
10a. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (State or foreign country) <u>Franklin Co. Pa.</u>	
13. FATHER'S NAME <u>no Record</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
(If yes, give war or dates of service)		17. INFORMANT AND ADDRESS <u>Herbert D. Patterson 327 E. Liberty St. Chamberburg Pa.</u>	
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause <u>Chronic Myocarditis.</u> Antecedent cause(s) <u>422.2</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <u>93d</u> (a) _____ (b) _____ (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) <u>INJURY</u>	
TIME (Month) (Day) (Year) (Hour)		INJURY OCCURRED Whilla at Not Whille m. Work <input type="checkbox"/> At work <input type="checkbox"/>	
OF INJURY		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 1, 1951</u> , to <u>May 4, 1951</u> , that I last saw the deceased alive on <u>May 3, 1951</u> , and that death occurred at <u>5:45 A.M.</u> , from the causes and on the date stated above. SIGNATURE <u>Elvillian</u> (Degree or title) <u>M.W.</u> ADDRESS <u>Boonsboro</u> DATE SIGNED <u>5/5/51</u>			
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>May 6, 1951</u> NAME OF CEMETERY OR CREMATORIAL <u>Norland Cemetery</u> LOCATION (City, town, or county) <u>Chamberburg Penna.</u> (State) <u>5/5/51</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>John W. Best</u>	
24. FUNERAL DIRECTOR		ADDRESS <u>Robert R. Barbour Chamberburg Pa.</u>	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05253

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY <u>Washington</u>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <u>Hagerstown</u>		LENGTH OF STAY (in this place) <u>life</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Washington County Hospital</u>		STREET ADDRESS <u>250 S. Potowmack St.</u>	
3. NAME OF DECEASED (First) <u>Fanny</u> (Middle) <u>Dulaney</u> (Last) <u>Pennington</u> (Type or Print)		4. DATE OF DEATH <u>May 11, 1951</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. SINGLE, MARRIED, WIDOWER, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3/11/1889</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Talcott Eliason</u>		14. MOTHER'S MAIDEN NAME <u>Hena Teresa Hansroth</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Miss Sarah Pennington Hagerstown Md.</u>		18. MEDICAL CERTIFICATION <u>Coronary insufficiency</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>One month</u>			

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

(a)

Hypertensive - Cardiovascular DiseaseOne month

## 420.1 Antecedent cause(s)

Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last

(b)

Marked obesity"

## 93d (c)

Marked obesity

## JI. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION

None

## 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

 Yes No21. ACCIDENT  
SUICIDE  
HOMICIDE

(Specify)

NonePLACE (Home, farm, factory, street,  
OF office bldg., etc.)  
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?
OF INJURY	m.				

22. I hereby certify that I attended the deceased from May 10, 1951, to May 11, 1951, that I last saw the deceasedalive on May 11, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

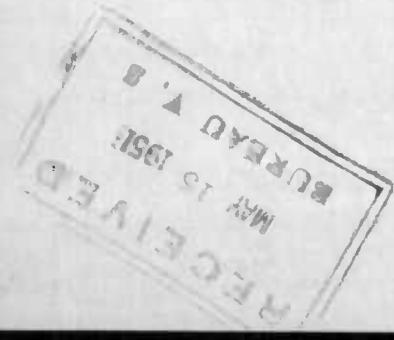
Richard T. Binfet, M.D. 1135 Patowmack Ave, Hagerstown, Md.

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF <u>5/12/51</u>	NAME OF CEMETERY OR CREMATORIUM <u>Rose Hill Cemetery Hagerstown, Md.</u>	LOCATION (City, town, or county) <u>None</u>	(State) <u>None</u>
--	-----------------------------	---	--	---------------------

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE <u>Patricia Powers</u>	24. FUNERAL DIRECTOR ADDRESS <u>W. J. Horment, Hagerstown, Md.</u>
-----------------------------	--	---

Dr. Richard J. Binford  
1135 Potomac Ave.

3<sup>20</sup>  
PM.



Dr. Wells

05254

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Reg. Dist. No. 302

## CERTIFICATE OF DEATH

The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. This is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH COUNTY <b>Washington</b>			2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>MARYLAND</b>		
CITY (If outside corporate limits, write RURAL and OR give nearest town) <b>Hagerstown</b>			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Washington</b>		
LENGTH OF STAY (in the place) <b>2 Days</b>			STREET ADDRESS <b>258 S. Potomac St.</b>		
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Washington Co. Hospital</b>			(If rural, give location)		
3. NAME OF DECEASED (Type or Print) <b>SARAH</b>		(First) (Middle) <b>ELLEN</b>	(Last) <b>POPO</b>		4. DATE OF DEATH <b>May 31 1951</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 26, 1900</b>	9. AGE last birthday <b>50 yrs.</b>	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Own Home</b>	11. BIRTHPLACE (State or foreign country) <b>Hagerstown, Maryland</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13. FATHER'S NAME <b>Samuel H. Rock</b>			14. MOTHER'S MAIDEN NAME <b>Mary C. Lloyd</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT AND ADDRESS <b>Philip, Popo, Hagerstown Md.</b>		

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

## Immediate cause

(a)

Diabetes M

## Antecedent cause(s)

Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last

(b)

Chr glomerular nephritis

260X

(c)

arterio-sclerotic myocardial heart disease  
myocardial heart failure grade IV

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes  No 21. ACCIDENT  
SUICIDE  
HOMICIDE

(Specify)

PLACE (Home, farm, factory, street,  
OF office bldg., etc.)

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour)  
OF INJURY

None

INJURY OCCURRED  
While at Work  At work 

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 9, 1939**, to **5/31/51**, 1951, that I last saw the deceasedalive on **5/31/51**, 1951, and that death occurred at **11:05P** m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

S. Robert Wells M.D.

115 N. Patomac

6/2/51

23. BURIAL, CREMATION  
REMOVAL (Specify)

Burial

## DATE THEREOF

6/4/51

## NAME OF CEMETERY OR CREMATORIAL

Rose Hill Cemetery

## LOCATION (City, town, or county)

Hagerstown Md.

(State)

DATE REC'D BY LOCAL  
REG.

June 3, 1951

## REGISTRAR'S SIGNATURE

Dorothy Bowers

## 24. FUNERAL DIRECTOR

Andrew K. Coffman

## ADDRESS

Hagerstown Md.

BUREAU U. S.

JUN 6 1951

RECEIVED

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

1525304  
Reg. Dist. No. ....

1. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE		
Washington MARYLAND		Maryland COUNTY Wash.		
CITY (If outside corporate limits, write RURAL and OR give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)		
TOWN Rural - Hancock 14 yrs.		TOWN Rural - Hancock		
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS		
Route #1		(If rural, give location)		
Route #1				
3. NAME OF DECEASED (Type or Print)	(First)	(Middle)	(Last)	
Female	White	Rebecca	Resley	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	
Female	White	SINGLE	2-19-64	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School Teacher	Public School	87 yrs.	Maryland	U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME			
James Resley	Ellen Craig			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT		
—	—	Charles Barnhart		

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a).....		Cerebral Hemorrhage	
Antecedent cause(s) (b).....		Duality	
33IX 83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c).....			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?	
21. ACCIDENT (Specify) SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at m. Work	HOW DID INJURY OCCUR? Not While At work	

22. I hereby certify that I attended the deceased from May 15, 1957, to May 16, 1957, that I last saw the deceased alive on May 16, 1957, and that death occurred at 10:15 a.m. from the causes and on the date stated above.

SIGNATURE

ADDRESS

DATE SIGNED

5/17/57

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county)	(State)
Burial	5-19-51	St. Thomas Episcopal	Hancock, Md.	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR		
5/18/51	J. A. Neller	Charles R. Bast, Hancock, Md.		
ADDRESS 093888				



COPY SENT TO LOCAL REGISTRAR NO. 1  
DATE 5-21-51

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05256

## CERTIFICATE OF DEATH

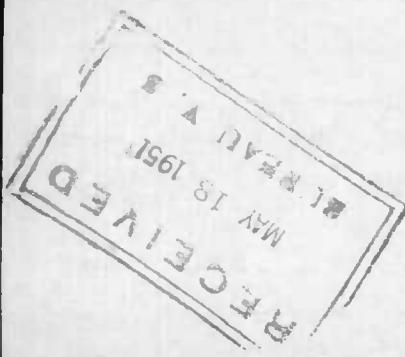
Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Washington	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Hagerstown		LENGTH OF STAY (in this place) life		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown		STREET ADDRESS 127 N. Mulberry Street (If rural, give location)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Washington Co. Hospital							
3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle) C.	(Last) Reynolds	4. DATE OF DEATH May 13, 1951	(Month) May	(Day) 13	(Year) 1951
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed	8. DATE OF BIRTH Jan. 3, 1870	9. AGE last birthday 81	If under 1 year Months	If under 24 hrs Days	If under 24 hrs Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U.S.			
13. FATHER'S NAME John Albin		14. MOTHER'S MAIDEN NAME Elizabeth Steffey					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT AND ADDRESS Mrs. Mary Barber Hagerstown, Md.				
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause 4200		(a) Congestive Heart Failure					
Antecedent cause(s) 186a		(b) Arteriosclerotic Heart Disease					
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(c)					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Severe fracture, right wrist							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21. ACCIDENT SUICIDE HOMICIDE		(Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) Hagerstown, Md		(COUNTY) (STATE)
TIME (Month) OF INJURY 3/20/51		(Day) m.		(Year) 1951	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input checked="" type="checkbox"/>	HOW DID INJURY OCCUR? Fall out of bed	
22. I hereby certify that I attended the deceased from 4-15, 1940, to 5-13, 1951, that I last saw the deceased alive on 5/13, 1951, and that death occurred at 7:40 P.M., from the causes and on the date stated above. SIGNATURE John H. Hanebake, M.D.							
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF May 16, 1951		NAME OF CEMETERY OR CREMATORIAL Rest Haven Cemetery	LOCATION (City, town, or county) Hagerstown, Maryland (State)		
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE George H. Powers		24. FUNERAL DIRECTOR Fred W. Kraiss			
May 15, 1951				ADDRESS Hagerstown, Md.			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15





RECEIVED  
BUREAU V. S.

JUN 12 1951

## MARYLAND STATE DEPARTMENT OF HEALTH Dr. Ditto

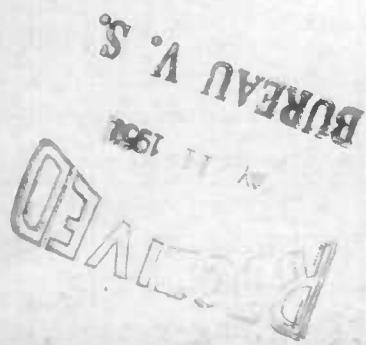
2411 N. Charles Street, Baltimore

05258

Reg. Dist. No. 302

## CERTIFICATE OF DEATH

1. PLACE OF DEATH COUNTY <b>Washington</b>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>Washington</b>		COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <b>Hagerstown</b>		LENGTH OF STAY (in this place) <b>5 Wks.</b>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Hagerstown</b>		(If rural, give location) STREET ADDRESS <b>117 S. Potowmack St</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Washington Cty. Hospital</b>							
3. NAME OF DECEASED (Type or Print) <b>Jessie</b>		(First) (Middle) <b>Susan</b>		(Last) <b>Rowland</b>		4. DATE OF DEATH <b>May 8, 1951</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>May 3, 1885</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Rudy's Pharmacy</b>		11. BIRTHPLACE (State or foreign country) <b>Union Bridge, Md.</b>		9. AGE last birthday If under 1 year Months Days Hours Min. <b>66 yrs.</b>	
13. FATHER'S NAME <b>John M. Hollenberger</b>				14. MOTHER'S MAIDEN NAME <b>Lorraine Anders</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>NO</b>		17. INFORMANT AND ADDRESS <b>Lois H. Rowland</b>			
18. MEDICAL CERTIFICATION <b>Hagerstown, Md.</b>							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause (a) <i>Carcinoma</i> <i>Terry</i> 175X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 49a (b) _____ 49a (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		INTERVAL BETWEEN ONSET AND DEATH <i>2 years</i>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>May 5, 1951</i> , to <i>May 19, 1951</i> , that I last saw the deceased alive on <i>May 5, 1951</i> , and that death occurred at <i>11:45 A.M.</i> from the causes and on the date stated above. SIGNATURE <i>S. W. D. L. D.</i> ADDRESS <i>Hagerstown, Md.</i> DATE SIGNED <i>May 5, 1951</i>							
23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		DATE THEREOF <b>5-10-51</b>		NAME OF CEMETERY OR CREMATORIAL <b>Mt. View Cemetery</b>		LOCATION (City, town, or county) <b>Union Bridge, Md.</b> (State)	
DATE REC'D BY LOCAL REG.		REG. NO. <b>May 9, 1951</b>		REG. NO. <b>169-11202</b>		REG. NO. <b>Andrew K. Coffman, Hagerstown, Md.</b>	
REG. NO. <b>May 9, 1951</b>		REG. NO. <b>169-11202</b>		REG. NO. <b>Andrew K. Coffman, Hagerstown, Md.</b>		REG. NO. <b>390 669</b>	



BUREAU V. S.

1954

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Ditto

05259

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY <b>Washington</b>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>Washington</b>		COUNTY	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <b>Hagerstown</b>		LENGTH OF STAY (in this place) <b>4 hrs.</b>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Hagerstown</b>		(If rural, give location) STREET ADDRESS <b>643 W. Washington St.</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Washington Hty. Hospital</b>							
3. NAME OF DECEASED (Type or Print)	(First) <b>Edgar</b>	(Middle) <b>Rumler</b>	(Last) <b>Saylor</b>	4. DATE OF DEATH	(Month) <b>May</b>	(Day) <b>10</b>	(Year) <b>19 51</b>
5. SEX	6. COLOR OR RACE <b>Male</b>	7. MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 25, 1889</b>	9. AGE last birthday <b>61</b>	If under 1 year Months <b>1 yr.</b>	If under 24 hrs Days <b>0 days</b>	If under 24 hrs Hours <b>0 hrs.</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Master Mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Penna Rwy. Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Hagerstown</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13. FATHER'S NAME <b>John Saylor</b>		14. MOTHER'S MAIDEN NAME <b>Sarah Williams</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>yes</b>		16. SOCIAL SECURITY NO. <b>716-09-8271</b>	17. INFORMANT AND ADDRESS <b>Howard F. Johnston</b>				
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		Spanish American War		Hagerstown, Md.		INTERVAL BETWEEN ONSET AND DEATH <b>12 hrs</b>	
Immediate cause <b>4201</b>		(a) Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <b>94a</b>	Coronary (Fissure) Occlusion				
(b)							
(c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from alive on <b>6/1951</b> , 19....., and that death occurred at <b>2:11 P.M.</b> , from the causes and on the date stated above. SIGNATURE <b>J. W. Ditto</b>		ADDRESS <b>Hagerstown</b>		DATE SIGNED <b>6/1951</b>			
23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		DATE THEREOF <b>5-12-51</b>	NAME OF CEMETERY OR CREMATORIAL <b>Rest Haven Cemetery</b>	LOCATION (City, town, or county) <b>Hagerstown, Md.</b>		(State)	
DATE REC'D BY LOCAL <b>REG</b>		REGISTRAR'S SIGNATURE <b>Thomas Powers</b>	24. FUNERAL DIRECTOR		ADDRESS		
					<b>Andrew K. Coffman, Hagerstown, Md.</b>		

REFEVIEW

BUREAU V. S.

May 14 1957

MARYLAND STATE DEPARTMENT OF HEALTH  
CERTIFICATE OF DEATH  
FOR MEDICAL EXAMINERS

05260

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY <b>Washington</b> MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>Maryland</b> COUNTY <b>Washington</b>			
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <b>Hagerstown</b>		LENGTH OF STAY (in this place) <b>56 yrs.</b>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Hagerstown</b>		STREET ADDRESS <b>334 North Cannon Avenue</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>On Street (Jefferson St.)</b>							
3. NAME OF DECEASED (Type or Print) <b>Bertie</b>		(First) <b>Bertie</b> (Middle) <b>Estelle</b>		(Last) <b>Shaw</b>		4. DATE OF DEATH <b>May 31</b>	
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widow</b>		8. DATE OF BIRTH <b>10-26-1877</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housework</b>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE last birthday <b>73</b> Yrs.		11. BIRTHPLACE (State or foreign country) <b>Page County, Virginia</b>	
						12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Joe Medden</b>				14. MOTHER'S MAIDEN NAME <b>Lucille Cullers</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? <b>(Yes, no, or unknown)</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT AND ADDRESS <b>Mrs. Dorothy Lettau, Hagerstown</b>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
<p>Immediate cause <b>(a) Acute ventricular fibrillation</b></p> <p>Antecedent cause(s) <b>arterio-sclerotic myocardial heart disease</b></p> <p>Diseases or conditions, if any, giving rise to the above cause <b>(b) stating the underlying cause last</b></p> <p><b>422.1</b></p> <p><b>93d</b></p> <p><b>(c)</b></p>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <b>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></b>			
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office bldg., etc.) <b>INJURY</b>		(CITY OR TOWN)		(COUNTY) <b>Hagerstown</b>	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at m. <b>work</b> <input type="checkbox"/> <b>at work</b> <input type="checkbox"/>		(STATE) <b>(CITY OR TOWN) (COUNTY) (STATE)</b>			
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>							
SIGNATURE <b>S. Robert Wells MD</b> (Degree or title) <b>DEPUTY MEDICAL EXAM.</b> ADDRESS <b>175-3 Patomac WASH. CO., MD.</b> DATE SIGNED <b>6/1/51</b>							
23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		DATE THEREOF <b>6-3-1951</b>		NAME OF CEMETERY OR CREMATORIAL <b>Rose Hill Cemetery</b>		LOCATION (City, town, or county) <b>Hagerstown, Maryland</b> (State)	
DATE REC'D BY LOCAL REG. <b>June 3, 1951</b>		REGISTRAR'S SIGNATURE <b>Robert Bowers</b>		24. FUNERAL DIRECTOR <b>C. M. Suter &amp; Sons, Hagerstown, Md.</b>		ADDRESS <b>120826</b>	

RECEIVED  
JUN 6 1951  
BUREAU OF INVESTIGATION  
U. S. DEPARTMENT OF JUSTICE

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05261

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY <b>WASHINGTON</b>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>MARYLAND</b>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <b>HAGERSTOWN</b>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>ST. MARYLAND</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>WASHINGTON COUNTY Hospital</b>		STREET ADDRESS <b>MAIN ST.</b>	
3. NAME OF DECEASED (Type or Print) <b>MAUDE</b>	(First) <b>DAISY</b>	(Middle) <b>SMITH</b>	4. DATE OF DEATH <b>MAY - 28 - 1951</b>
5. SEX <b>FEMALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>MAY 10 - 1883</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSE WIFE</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN HOME</b>	9. AGE last birthday <b>68-2-18 yrs.</b>
13. FATHER'S NAME <b>ESTAH SHOWE</b>		11. BIRTHPLACE (State or foreign country) <b>LEITERSBURG WASH. CO. MD</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
16. SOCIAL SECURITY NO. <b>NONE</b>		14. MOTHER'S MAIDEN NAME <b>HARRIET ELLEN ROADENIZER</b>	
17. INFORMANT AND ADDRESS <b>FRED SMITH BOONSBORO MD R. 2</b>		18. MEDICAL CERTIFICATION  <i>Chronic Myocarditis</i> <i>Double lobar pneumonia</i> <i>Hypertensive arteriosclerosis.</i>	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  Immediate cause (a) _____ <b>490X</b> Antecedent cause(s) (b) _____ Diseases or conditions, if any, giving rise to the above cause 108 _____ stating the underlying cause last (c) _____  11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. _____			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION  <i>Chronic Myocarditis</i> <i>Double lobar pneumonia</i> <i>Hypertensive arteriosclerosis.</i>	
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) <b>INJURY</b>	(CITY OR TOWN) <b>Boonsboro</b>
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	(COUNTY) <b>Washington</b>
		HOW DID INJURY OCCUR?	(STATE)
22. I hereby certify that I attended the deceased from <b>May 21, 1951</b> , to <b>May 28, 1951</b> , that I last saw the deceased alive on <b>May 18, 1951</b> , and that death occurred at <b>8:15 P.M.</b> , from the causes and on the date stated above. SIGNATURE <i>William F. Bast</i> (Degree or title) <b>ADDRESS</b> <b>Boonsboro</b> DATE SIGNED <b>5/30/51</b>			
23. BURIAL, CREMATION REMOVAL (Specify) <b>BURIAL</b>	DATE THEREOF <b>MAY 31-1951</b>	NAME OF CEMETERY OR CREMATORIAL <b>MANOR CEMETERY</b>	LOCATION (City, town, or county) <b>MR. TILGHMANTON MD.</b>
DATE REC'D BY LOCAL REG. <b>May 31, 1951</b>	REGISTRAR'S SIGNATURE <i>W. F. Bast</i>	24. FUNERAL DIRECTOR <b>WILLIAM F. BAST AND SONS BOONSBORO MD.</b>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

JUN 4 1957

BUREAU X-5

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05262

## CERTIFICATE OF DEATH

Reg. Dist. No. 305

1. PLACE OF DEATH COUNTY Washington		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Washington			
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR			
TOWN Breathedsville		3 Months		TOWN Marriotsville		Rural			
HOSPITAL OR INSTITUTION OR STREET ADDRESS		State Reformatory for Males							
3. NAME OF DECEASED (Type or Print)		(First) HERBERT	(Middle)	(Last) SNOWDEN	4. DATE OF DEATH	(Month) May	(Day) 12	(Year) 1951	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year	If under 24 hrs.			
Male	Negro	Single	Jan. 4, 1924	27 yrs.	Months	Days	Hours	Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY				
Laborer Farm Hand		Farming	Marriotsville		USA				
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME							
Marshall Snowden		Goldie Parks							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)   (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS		18. MEDICAL CERTIFICATION			
No		On the 10th to 11th		Records of State Reformatory for Males		Pulmonary Tuberculosis 7 mos.			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		II. OTHER SIGNIFICANT CONDITIONS							
Immediate cause (a)		Conditions contributing to the death but not related to the disease or condition causing death.							
Antecedent cause(s) Diseases or conditions, if any, (b) giving rise to the above cause stating the underlying cause last									
(c)									
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION							
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY)		20. AUTOPSY?	
(Specify)		INJURY						Yes <input type="checkbox"/> No <input type="checkbox"/>	
TIME (Month) (Day) (Year) (Hour) OF INJURY		While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>	INJURY OCCURRED		HOW DID INJURY OCCUR?				
3-23									
22. I hereby certify that I attended the deceased from alive on <u>May 11</u> , 1951, and that death occurred at <u>11:54</u> m., from the causes and on the date stated above.		(Degree or title)		ADDRESS		DATE SIGNED			
SIGNATURE <u>Robert P. Conrad, M.D.</u>				<u>Hagerstown, Md.</u>		<u>5-13-51.</u>			
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 5/15/51		NAME OF CEMETERY OR CREMATORIAL West Liberty Cemetery		LOCATION (City, town, or county) Near Alpha, Md.			
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <u>John H. Bost</u>		24. FUNERAL DIRECTOR Andrew K. Coffman		ADDRESS Hagerstown Md.			
May 13, 1951									

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



## CERTIFICATE OF DEATH

Reg. Dist. No.... 305....

1. PLACE OF DEATH. COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE	
Washington CITY (If outside corporate limits, write RURAL and OR give nearest town)		Maryland CITY (If outside corporate limits, write RURAL and give nearest town)	
Brentwood TOWN		17 years LENGTH OF STAY (in this place)	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Brentwood, Md. R. I. STREET ADDRESS	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) George		(Month) May - 4	
(Middle) Benjamin		(Year) 1951	
5. SEX Male		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single		8. DATE OF BIRTH May 18, 1887	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nurse		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Beaver Creek Crk. Co. Md		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Benjamin S. South		14. MOTHER'S MAIDEN NAME Jane C. Adams	
15. WAS DECRASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. None	
17. INFORMANT AND ADDRESS Mrs. C. E. Routhaln, Bonnieson Md. R. I.		18. MEDICAL CERTIFICATION	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
421.4 Immediate cause (a) Chronic Pelvular Endocarditis 1 1/2-5-6 years			
92d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause (b) .....			
92d Diseases or conditions, if any, giving rise to the above cause (b) .....			
92d stating the underlying cause last (c) Arterio- & Clerosis Renal Calculus - Psych Neurosis 2-3 years			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. O			
19a. DATE OF OPERATION 4/21/49		19b. MAJOR FINDINGS OF OPERATION O	
21. ACCIDENT (Specify) SUICIDE O HOMICIDE O		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY O	
TIME (Month) (Day) (Year) (Hour) OF INJURY O		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	
m.		HOW DID INJURY OCCUR? O	
22. I hereby certify that I attended the deceased from Jan 1, 1958, to May 4, 1957, that I last saw the deceased alive on April 25, 1957, and that death occurred at 8 a.m., from the causes and on the date stated above.			
SIGNATURE DR. VICTOR D. MILLER, M. D.		ADDRESS 111 W. WASHINGTON ST., BOSTON, MASS.	
DATE SIGNED 5/5/1957			
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE OF BURIAL May 6, 1957	
DATE REC'D BY LOCAL REG. May 5, 1957		NAME OF CEMETERY OR CREMATORIAL Beaver Creek Cemetery	
REGISTRAR'S SIGNATURE John H. Bast		LOCATION (City, town, or county) (State) Beaver Creek Crk. Co. Md.	
24. FUNERAL DIRECTOR Elmer J. Bast & Sons		ADDRESS Bonnieson Md.	

**PLEASE WRITE PLAINLY, WITH UNFADING INK.** Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15



BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

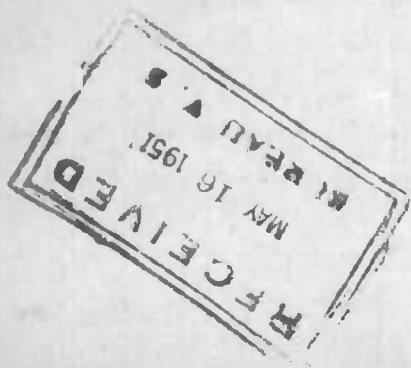
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## CERTIFICATE OF DEATH

Reg. Dist. No. ....

301

1. PLACE OF DEATH COUNTY Washington MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Washington			
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town)		STREET ADDRESS (If rural, give location)	
TOWN Williamsport Md.		10 yrs	TOWN Williamsport Md.		17 E. Church Street	
HOSPITAL OR INSTITUTION OR STREET ADDRESS 17 E Church Street			STREET ADDRESS 17 E. Church Street			
3. NAME OF DECEASED (Type or Print) Elgie		(First) (Middle) Costella	(Last) Sprinkle	4. DATE OF DEATH May 11 1951		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 20 1874	9. AGE last birthday 76	If under 1 year Months 5 Days 20 Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farm Owner		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (State or foreign country) Sprinkle Mills W. Va.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Clinton Sprinkle			14. MOTHER'S MAIDEN NAME Amanda Welchans			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT AND ADDRESS Mrs. Clara Sprinkle 17 E. Church St. Williamsport Md.			
18. MEDICAL CERTIFICATION I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH Immediate cause (a) Myocarditis Chorio (Interval Between Onset and Death 4 years) 422.2 Antecedent cause(s) (b) None Previous Diseases or conditions, if any, giving rise to the above cause 93d stating the underlying cause last (c)						
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)		(COUNTY)	(STATE)
TIME (Month) OF INJURY	(Day) (Year) m.	(Hour) While at Work <input type="checkbox"/> At work <input type="checkbox"/>	INJURY OCCURRED While at Work <input type="checkbox"/> Not While Work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1948, 19, to May 11, 1951, that I last saw the deceased alive on May 11, 1951, and that death occurred at 10 m., from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED M.D. Williamsport Md. 5/12/51						
23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF May 14 1951	NAME OF CEMETERY OR CREMATORIAL Greenlawn Cemetery	LOCATION (City, town, or county) Williamsport Maryland	(State)		
DATE REC'D BY LOCAL REG. May 13-1951	REG. E. Lee McElroy	24. FUNERAL DIRECTOR Edith V. Leaf	ADDRESS Williamsport Md.			



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05265

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Wash/		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Hagerstown (in this place) 40 yrs.			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown		
HOSPITAL OR INSTITUTION OR STREET ADDRESS 122 S. Locust St.			STREET ADDRESS 122 S. Locust St.		
3. NAME OF DECEASED (First) William (Middle) Thomas (Last) Staub		4. DATE OF DEATH May 13 1951			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Apr. 27, 1880	9. AGE last birthday 62 yrs.	If under 1 year Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Investigator			10b. KIND OF BUSINESS OR INDUSTRY Local Gov.	11. BIRTHPLACE (State or foreign country) Highfield Md.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles W. Staub			14. MOTHER'S MAIDEN NAME Anna Galdhill		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 218-07-0265		17. INFORMANT AND ADDRESS Mrs. Alice G. Staub Hag. Md.	
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause (a) Vascular Hypertension Antecedent cause(s) (b) arterio-sclerotic myocardial degeneration Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last (c) with congestive myocardial failure grade iv (1 year) 93d					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. auricular fibrillation 7					
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify) No		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) OF INJURY None	(Hour) m.	INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from Feb. 1951, to May 14, 1951, that I last saw the deceased alive on 5/8, 1951, and that death occurred at 1:15 p.m., from the causes and on the date stated above.					
SIGNATURE S. Robert Wells, MD		ADDRESS 115 N. Patomac St. Hagerstown, Md.		DATE SIGNED 5/14/51	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF May 16, 1951	NAME OF CEMETERY OR CREMATORIAL Rest Haven Cemetery	LOCATION (City, town, or county) (State) Hagerstown Md.	
DATE REC'D BY LOCAL REG. May 15, 1951		REGISTRAR'S SIGNATURE Robert Powers		24. FUNERAL DIRECTOR Scott F. Minnich & Son	
ADDRESS Hag. Md.					



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05266

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington MARYLAND				2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland COUNTY Washington			
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) (in this place) TOWN Hagerstown Life				CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown			
HOSPITAL OR INSTITUTION OR STREET ADDRESS Wash. Co. Hospital				STREET ADDRESS 1015 Oak Hill Avenue (If rural, give location)			
3. NAME OF DECEASED (Type or Print) Anna		(First) (Middle) Miller		(Last) Storey		4. DATE OF DEATH May 29	(Month) (Day) (Year) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 11-20-1876	9. AGE last birthday 74 yrs.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. School Teacher	11. BIRTHPLACE (State or foreign country) Hagerstown, Maryland	12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME John W. Storey		14. MOTHER'S MAIDEN NAME Sallie Stover		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT AND ADDRESS (Yes, no, or unknown) (If yes, give war or dates of service) NONE Miss Mary Storey, Hagerstown, Md.			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
442X Immediate cause (a) Cerebral Hemorrhage 3 days							
Antecedent cause(s) (b) Congestive heart failure 6 days							
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Hypertension cardiovascular unknown							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from May 23, 1951, to May 29, 1951, that I last saw the deceased alive on May 28, 1951, and that death occurred at 2:09 P.M., from the causes and on the date stated above. SIGNATURE ADDRESS DATE SIGNED J.W. Suter, M.D. 3 Public School Hagerstown, Md. May 31, 1951							
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 5-31-1951		NAME OF CEMETERY OR CREMATORIUM Rose Hill Cemetery		LOCATION (City, town, or county) (State) Hagerstown, Maryland	
DATE REC'D BY LOCAL REG. May 31, 1951		REGISTRAR'S SIGNATURE G. Westover		24. FUNERAL DIRECTOR C.M. Suter & Sons, Hagerstown, Md.		ADDRESS	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A. 15

Dr. Wm. Layman  
Washington

RECEIVED  
BUREAU V-3  
JUN 4 1951

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05267

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY <i>Washington</i>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <i>Maryland</i> COUNTY <i>Frederick</i>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <i>Laurelton</i>		LENGTH OF STAY (in this place) <i>1 week</i>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <i>Cor Lincoln + Gay - Halfway</i>		STREET ADDRESS <i>Wolfsville</i>	
3. NAME OF DECEASED (First) <i>Edna</i>		(Middle) <i>B. Stoltz</i>	
		(Last) <i>Leininger</i>	
4. SEX <i>Female</i>		5. COLOR OR RACE <i>White</i>	
6. DATE OF BIRTH <i>6-10-1891</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <i>MARRIED</i>	
8. AGE last birthday <i>59</i> yrs.		9. AGE last birthday If under 1 year Months <i>5</i> Days <i>9</i> Hours <i>0</i> Min. <i>0</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Our Home</i>	
11. BIRTHPLACE (State or foreign country) <i>Wolfsville Fred. Co. Md</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>	
13. FATHER'S NAME <i>Jonathan R. Molle</i>		14. MOTHER'S MAIDEN NAME <i>Amanda E. Bickner</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>	
17. INFORMANT AND ADDRESS <i>G.P. Stoltz</i>		18. MEDICAL CERTIFICATION	

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## Immediate cause

*Hypertension Cardio Vascul. Renal disease with  
renal Failure*INTERVAL BETWEEN  
ONSET AND DEATH  
*1 year*

## Antecedent cause(s)

Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last  
*131a*

(b)

Conditions contributing to the death but not  
related to the disease or condition causing death.*hypertension*

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not

related to the disease or condition causing death.

19a. DATE OF OPERATION *1951*

## 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes  No 

21. ACCIDENT SUICIDE HOMICIDE <i>None</i>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <i>None</i>		(CITY OR TOWN) <i>None</i>		(COUNTY) <i>None</i>		(STATE) <i>None</i>	
INJURY		TIME (Month) (Day) (Year) (Hour) OF INJURY <i>1951</i>		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input checked="" type="checkbox"/>		HOW DID INJURY OCCUR? Not While Work <input type="checkbox"/>			

22. I hereby certify that I attended the deceased from *April*, 1950, to *17 May*, 1951, that I last saw the deceased  
alive on *16 May*, 1951, and that death occurred at *8:35 A.M.*, from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED  
*18 May 51*

23. BURIAL/CREMATION REMOVAL (Specify) <i>Burial</i>		DATE THEREOF <i>May 20-51</i>		NAME OF CEMETERY OR CREMATORIAL <i>United Brethren</i>		LOCATION (City, town, or county) <i>Wolfsville, Fred. Md</i>		(State) <i>None</i>	
DATE REC'D BY LOCAL REG. <i>1951.5.18</i>		REGISTRAR'S SIGNATURE <i>Robert Goever</i>		24. FUNERAL DIRECTOR ADDRESS <i>Paul F. Biddle, Myersville</i>					



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr. Beachley

05268 Jc3

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington		MARYLAND CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Rural Hagerstown		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Layman Nursing Home		LENGTH OF STAY (in this place)		STREET ADDRESS Virginia Ave.	
3. NAME OF DECEASED (Type or Print)	(First) MARY	(Middle) ELIZABETH	(Last) STOUFFER	4. DATE OF DEATH May 17	(Month) (Day) 1951
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) WIDOW	8. DATE OF BIRTH 7/3/1865	9. AGE last birthday 86 yrs.	10. BIRTHPLACE (State or foreign country) Oak Orchard, Fred. Co. Md.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. CITIZEN OF WHAT COUNTRY USA		12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME Elijah Ensor		14. MOTHER'S MAIDEN NAME Mary C. Devilbiss		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	
16. SOCIAL SECURITY NO. None		17. INFORMANT AND ADDRESS Dr. John T. Ensor Baltimore 18, Md.		18. MEDICAL CERTIFICATION <i>Shreve Myocarditis</i> <i>General Altered Sclerosis</i>	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH  422.1 Immediate cause 93d Antecedent cause(s) Disease or conditions, if any, giving rise to the above cause stating the underlying cause last		(a)  <i>1 yr.</i>		INTERVAL BETWEEN ONSET AND DEATH  5/27/51	
(b)  <i>5/27/51</i>		(c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from alive on <i>May 19</i> , and that death occurred at <i>8:00</i> m., from the causes and on the date stated above. SIGNATURE <i>Dr. John T. Ensor</i>				DATE SIGNED <i>May 19, 1951</i>	
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF 5/19/51		NAME OF CEMETERY OR CREMATORIUM Rest Haven Cemetery	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <i>John T. Ensor</i>		LOCATION (City, town, or county) Hagerstown Md.	
24. FUNERAL DIRECTOR Andrew K. Coffman				ADDRESS Hagerstown Md.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

REFUGEE

MIN 12 1951

BUREAU A's

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr Victor Miller

05269

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY Washington		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Washington					
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		CITY (If outside corporate limits, write RURAL and give nearest town)					
TOWN Hagerstown		29 yrs		TOWN Hagerstown		TOWN Hagerstown					
HOSPITAL OR INSTITUTION OR STREET ADDRESS		1621 Virginia Ave		STREET ADDRESS		1621 Virginia Ave					
3. NAME OF DECEASED (Type or Print)		(First) FRANKLIN	(Middle) ALLISON	(Last) TRONE	4. DATE OF DEATH		(Month) May 27 1951	(Day) 19			
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)		8. DATE OF BIRTH		9. AGE last birthday			
Male		White		Widower		May 2 1880		71	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?					
Silk Weaver		Md. Ribbon Co.		St James Wash. Co. Md.		USA					
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/> If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS			
Benj. Trone		Elizabeth Rowland		No		214-09-6294		William O. Renner			
18. MEDICAL CERTIFICATION 1823 Virginia Ave Hagerstown Md.										INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH 332 X Immediate cause (a) Paralytic agitans 83b Antecedent cause(s) (b) Thrombosis - Cerebral Vessels. Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)										1 year 12/1 48 hours	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY?	
✓		✓								Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE		(Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY)		(STATE)	
No				INJURY		✓					
TIME (Month) <input checked="" type="checkbox"/> (Day) <input checked="" type="checkbox"/> (Year) <input checked="" type="checkbox"/> (Hour) <input checked="" type="checkbox"/> OF INJURY		m.		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Jan 1, 1951, to May 28, 1951, that I last saw the deceased alive on May 26, 1951, and that death occurred at m., from the causes and on the date stated above. SIGNATURE DR. VICTOR D. MILLER (Degree or title) ADDRESS 1621 W. WASHINGTON ST. DATE SIGNED 5/28/1951											
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF		NAME OF CEMETERY OR CREMATORI		LOCATION (City, town, or county)		Md (State)			
Burial		5-29-51		Rose Hill Cemetery		Hagerstown Wash.		Md			
DATE REC'D BY LOCAL REG. NO.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS					
May 29, 1951		Shafft Powers		Andrew K. Coffman		Hagerstown Md.					

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15



BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Dr Miller

05270

Reg. Dist. No. 302

## CERTIFICATE OF DEATH

1. PLACE OF DEATH- COUNTY		Washington	MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE		Washington
CITY (If outside corporate limits, write RURAL and OR give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits, write RURAL and give nearest town)		OR TOWN
TOWN Hagerstown		29 Years		TOWN Hagerstown		Hagerstown
HOSPITAL OR INSTITUTION OR STREET ADDRESS		1621 Va. Ave.		STREET ADDRESS		(If rural, give location)
3. NAME OF DECEASED (Type or Print)		(First) Laura	(Middle) Edna	(Last) Spigler	4. DATE OF DEATH	(Month) May (Day) 1, (Year) 1951
5. SEX		6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months Days Hours Min.
FEMALE		WHITE	MARRIED	Aug. 27, 1885	65 yrs.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY
Housewife		Own Home		Hagerstown		U.S.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME				
William Spigler		Clara Randall				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give rank or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT AND ADDRESS		1625 Va. Ave. Hagerstown, Md.
No		None		Mrs Mary Weller		
18. MEDICAL CERTIFICATION						
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH						
Immediate cause		(a) chronic nephritis - ?				
260X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last		(b) Diabetes mellitus ?				
61		(c) arterio - & clerosis ?				
		Decompensation of heart.				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				
19a.		19b.				
21. ACCIDENT SUICIDE HOMICIDE		(Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		0		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1, 1951, to May 1, 1951, that I last saw the deceased alive on 4-30, 1951, and that death occurred at 1-2 m., from the causes and on the date stated above. SIGNATURE DR. VICTOR D. MILLER, ADDRESS 111 W. WASHINGTON ST., HAGERSTOWN, MD. DATE SIGNED May 1, 1951						
23. BURIAL, CREMATION REMOVAL (Specify)		DATE THEREOF	W. NAME OF CEMETERY OR CREMATORIAL	LOCATION (City, town, or county)		(State)
Burial		May 3, 1951	Rose Hill Cemetery	Hagerstown, Md.		
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS
May 2, 1951		Shaff House		Andrew K. Coffman		Hagerstown, Md.

RECEIVED

MAY 4 1951

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05271

## CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH- COUNTY		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE	
Washington MARYLAND		Maryland COUNTY Washington	
CITY (If outside corporate limits, write RURAL and OR, give nearest town) TOWN		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		Hagerstown Maryland	
Washington County Hospital		(If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) Howard	(Middle) Edward	(Last) Tubman
4. DATE OF DEATH	(Month) May	(Day) 12	(Year) 1951
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH
Male	White		Oct. 30, 1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday	If under 1 year Months 6 Days 12 Hours 12 Min.
Engineering Draftsman	Pangborn Corp.	45 yrs.	
13. FATHER'S NAME	11. BIRTHPLACE (State or foreign country)		
Samuel E. Tubman	Maryland		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY?	
	217-05-8813	American	
17. INFORMANT AND ADDRESS			
Mrs. Mary M. Tubman Hagerstown Md.			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

3 hours

## Immediate cause (a)

Coronary Thrombosis

## Antecedent cause(s)

Diseases or conditions, if any, (b)  
giving rise to the above cause

940

stating the underlying cause last

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes  No 

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
		INJURY			
TIME (Month)	(Day)	(Year)	INJURY OCCURRED	HOW DID INJURY OCCUR?	
OF INJURY	m.		While at Work <input type="checkbox"/>	Not While At work <input type="checkbox"/>	

22. I hereby certify that I attended the deceased from May 11, 1951, to May 12, 1951, that I last saw the deceased

alive on May 12, 1951, and that death occurred at 7:58 A.M., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

DATE SIGNED

ADDRESS

Hagerstown, Md

5-12-51

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORIUM	LOCATION (City, town, or county)	(State)
Burial	May 15/51, New	Cathedral Cemetery	Baltimore Balt.	Md.
DATE REC'D BY LOCAL REG.	REG. NO.	REG. NO.	REG. NO.	REG. NO.
5/15/51	aw	Henry H. Hause	Edmondson Ave.	035 VVV

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05272

## CERTIFICATE OF DEATH

Reg. Dist. No. 303

1. PLACE OF DEATH- COUNTY Washington MARYLAND			2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Washington		
CITY (If outside corporate limits, write RURAL and LENGTH OF STAY OR give nearest town) Clear Spring (in this place) TOWN			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clear Spring		
HOSPITAL OR INSTITUTION OR STREET ADDRESS S. Martin St			STREET ADDRESS (If rural, give location) S. Martin St		
3. NAME OF DECEASED (Type or Print) Ruth Ellen Weaver			4. DATE OF DEATH May 4, 1951		
5. SEX Female 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married			8. DATE OF BIRTH Apr. 28-1893 9. AGE last birthday 58 yrs.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home Duties			11. BIRTHPLACE (State or foreign country) Maryland		
13. FATHER'S NAME Joseph Bowers			12. CITIZEN OF WHAT COUNTRY'S A		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. No		
17. INFORMANT AND ADDRESS Ralph E. Weaver (Husband)					

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

## CORONARY OCCLUSION, ACUTE

INTERVAL BETWEEN  
ONSET AND DEATH

1 minute

Immediate cause 420.1 Antecedent cause(s)

(a)

Hypertensive Heart Disease

unknown

93d Diseases or conditions, if any, giving rise to the above cause  
stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not  
related to the disease or condition causing death.

None

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION  
None None

## 20. AUTOPSY?

Yes  No 

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 5-4-51, 19....., to 5-4-51, 19....., that I last saw the deceased dead

on 5-4-51, 19....., and that death occurred at 3:20 P.m., from the causes and on the date stated above.

SIGNATURE

MD

ADDRESS  
Clear Spring, MarylandDATE SIGNED  
5-5-51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE May 7, 1951	NAME OF CEMETERY OR CREMATORIUM Rose Hill Cemetery	LOCATION (City, town, or county) Clear Spring, Md.	(State)
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DATE RECD BY LOCAL REG.	REG.	REG.	REG.	REG.
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DATE REG.

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REG.

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REG.

REG.

BUREAU V. S.

JUN 12 1951

REGISTRATION

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore Dr. Hocklander

05273

## CERTIFICATE OF DEATH

Reg. Dist. No. 302

1. PLACE OF DEATH COUNTY <b>Washington</b>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>Maryland</b>		COUNTY <b>Washington</b>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN <b>Hagerstown</b>		LENGTH OF STAY (in this place) <b>1 week</b>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <b>Hagerstown</b>		STREET ADDRESS <b>42 Randolph Ave</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Wash. County Hospital</b>							
3. NAME OF DECEASED (Type or Print)	(First) <b>GLENN</b>	(Middle) <b>EARL</b>	(Last) <b>WHITMAN</b>	4. DATE OF DEATH	(Month) <b>May</b>	(Day) <b>1</b>	(Year) <b>1951</b>
5. SEX	6. COLOR OR RACE <b>Male</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <b>Single</b>	8. DATE OF BIRTH <b>Apr 22 1951</b>	9. AGE last birthday yrs. <b>1</b>	If under 1 year Months <b>9</b>	If under 24 hrs. Days <b>8</b>	Hours Mins. <b>17</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Infant</b>		11. BIRTHPLACE (State or foreign country) <b>Hagerstown Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Glenn Whitman</b>		14. MOTHER'S MAIDEN NAME <b>Genevieve Boor</b>					
15. WAS DECREASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT AND ADDRESS <b>Glenn Whitman Hagerstown Md.</b>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause <b>921.7</b>		(a) <i>Suffocation due to Aspiration of food.</i>		INTERVAL BETWEEN ONSET AND DEATH <b>1 d 17</b>			
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last <b>195d</b>		(b) <i>Pneumonitis</i>		INTERVAL BETWEEN ONSET AND DEATH <b>1 m 6</b>			
(c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
21. ACCIDENT SUICIDE HOMICIDE (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.) <b>INJURY</b>		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at m. Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>4/20</b> , 19 <b>51</b> , to <b>5/1</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>3/1</b> , 19 <b>51</b> , and that death occurred at <b>2:00 P.M.</b> , from the causes and on the date stated above. SIGNATURE <i>Glenn Whitman</i> ADDRESS <b>42 Randolph Ave Hagerstown Md.</b> DATE SIGNED <b>5/1/51</b>							
23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>		DATE THEREOF <b>5-2-51</b>		NAME OF CEMETERY OR CREMATORIAL <b>Hill Crest Burial Park</b>		LOCATION (City, town, or county) <b>Cumberland Md.</b> (State)	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE <i>Geo A. Bowers</i>		24. FUNERAL DIRECTOR		ADDRESS <b>Andrew K. Coffman Hagerstown Md.</b>	

RECEIVED  
MAY 3 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05274

## CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH COUNTY Washington			2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Williamsport			CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown		
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Sanatorium			STREET ADDRESS 310 North Potomac Street		
3. NAME OF DECEASED (Type or Print)		(First) Ella	(Middle) Hoyt	(Last) Williams	4. DATE OF DEATH May 16 1951
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH 3-4-1867	
13. FATHER'S NAME A. H. Hoyt		11. BIRTHPLACE (State or foreign country) Livonia, New York		9. AGE last birthday 84 yrs.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. NONE		12. CITIZEN OF WHAT COUNTRY U.S.A.	
17. INFORMANT AND ADDRESS Mrs. Perry F. Prather, Hagerstown					
18. MEDICAL CERTIFICATION					
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH					
Immediate cause (a) Cerebral Thrombosis					
Antecedent cause(s) (b) Hypertensive vascular Disease					
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) Arteriosclerosis					
2 days. yrs. yrs.					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			
21. ACCIDENT SUICIDE HOMICIDE		PLACE (Home, farm, factory, street, OF INJURY)		(CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 13, 1951, to May 16, 1951, that I last saw the deceased alive on May 16, 1951, and that death occurred at 1:45 A.m., from the causes and on the date stated above. SIGNATURE (Degree or title) ADDRESS DATE SIGNED					
23. BURIAL OR CREMATION REMOVAL (Specify)		DATE TIME OF 5-16-1951		NAME OF CEMETERY OR CREMATORIAL Lake View Cemetery	
DATE REC'D BY LOCAL REG		REG. NO. May 17, 1951		24. FUNERAL DIRECTOR C. M. Suter & Sons, Hagerstown, Md.	
ADDRESS 14 N. Potomac St. Hagerstown, Md.					
LOCATION (City, town, or county) Brockport, N. Y. (State)					

RECEIVED  
MAY 25, 1951

FEDERAL BUREAU OF INVESTIGATION

**MARYLAND STATE DEPARTMENT OF HEALTH**  
**CERTIFICATE OF DEATH**  
**FOR MEDICAL EXAMINERS**

05275

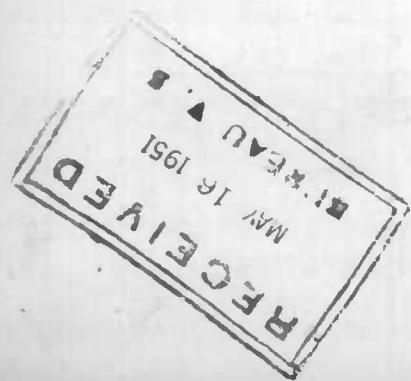
Reg. Dist. No

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**M**ARGIN RESERVED FOR BINDING  
M E PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct  
is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I. PLACE OF DEATH COUNTY Washington		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE Maryland		COUNTY Wash	
CITY (If outside corporate limits, write RURAL and OR give nearest town) Hagerstown		LENGTH OF STAY (In this place) Life		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hagerstown	
HOSPITAL OR INSTITUTION OR STREET ADDRESS W.M. Railroad		STREET ADDRESS 546 W. Church st		STREET ADDRESS (If rural, give location) 546 W. Church st		STREET ADDRESS (If rural, give location) 546 W. Church st	
3. NAME OF DECEASED (Type or Print) George		(First) (Middle) Wilbur		(Last) Williams		4. DATE OF DEATH May 12	
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH July 11, 1897	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Hagerstown		12. CITIZEN OF WHAT COUNTRY? Md.	
13. FATHER'S NAME Frank K. Williams		14. MOTHER'S MAIDEN NAME Anna Rodenizer		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 705-10-7412	
17. INFORMANT Miss Nona C. Williams							
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH							
Immediate cause (a) _____							
420.1 94a Antecedent cause(s) Diseases or conditions, if any, (b) _____ giving rise to the above cause stating the underlying cause last							
acute coronary occlusion							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION No		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY		(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY None		INJURY OCCURRED While at work <input type="checkbox"/> Not while work <input type="checkbox"/>		HOW DID INJURY OCCUR? died suddenly at RR office			
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input checked="" type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .							
SIGNATURE Robert Wells, M.D. DATE SIGNED 115 N. Patomac St. 5/14/51 DEPUTY MEDICAL EXAM. ADDRESS 115 N. Patomac St. DATE SIGNED 115 N. Patomac St. 5/14/51 WASH. CO., MD. Hagerstown, Md.							
23. BURIAL, CREMATION REMOVAL (Specify) Burial		DATE THEREOF May 14, 1951		NAME OF CEMETERY OR CREMATORIUM Rose Hill Cemetery		LOCATION (City, town, or county) Hagerstown (State) Md.	
DATE REC'D BY LOCAL REG. REC'D. May 14, 1951		REGISTRAR'S SIGNATURE Robert Powers		24. FUNERAL DIRECTOR Scott F. Minnich & Son		ADDRESS Hagerstown Md.	



## MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

05276

## CERTIFICATE OF DEATH

Reg. Dist. No. 301

1. PLACE OF DEATH. COUNTY Washington		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE Iowa	
CITY (If outside corporate limits, write RURAL and OR give nearest town) TOWN Williamsport Md.		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fort Dodge	
HOSPITAL OR INSTITUTION OR STREET ADDRESS Williamsport Sanitarium		STREET ADDRESS (If rural, give location) Fort Dodge	
3. NAME OF DECEASED (Type or Print) Oscar	(First) (Middle) Fisher	(Last) Wright	4. DATE OF DEATH May 4 1951
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH May 1 1871
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Paint Salesman		10b. KIND OF BUSINESS OR INDUSTRY Paint	9. AGE last birthday 80 yrs.
13. FATHER'S NAME Henry Wright		11. BIRTHPLACE (State or foreign country) Fort Dodge Iowa	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 485-10-9896	12. CITIZEN OF WHAT COUNTRY? USA
17. INFORMANT AND ADDRESS Mrs. AMOS Harper Martinsburg W. Va.		14. MOTHER'S MAIDEN NAME Maria Teresa Arnold	
18. MEDICAL CERTIFICATION			

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN  
ONSET AND DEATH

Immediate cause

(a)

Gastric haemorrhage

784.5  
Antecedent cause(s)  
Diseases or conditions, if any,  
giving rise to the above cause  
stating the underlying cause last

(b)

Cause not determined

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes  No 

21. ACCIDENT SUICIDE HOMICIDE	(Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month)	(Day)	(Year)	INJURY OCCURRED OF INJURY	HOW DID INJURY OCCUR?	
			While at m. Work	Not While At work	

22. I hereby certify that I attended the deceased from May 2, 1951, to May 5, 1951, that I last saw the deceased

alive on May 4, 1951, and that death occurred at 8 A.m., from the causes and on the date stated above.

SIGNATURE

ADDRESS

DATE SIGNED  
5/5/51

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF May 7 1951	NAME OF CEMETERY OR CREMATORIUM Oakland Cemetery	LOCATION (City, town, or county) Fort Dodge Iowa
DATE REC'D BY LOCAL REG.	REG.	REG.	REG.
24. FUNERAL DIRECTOR E. Lee McElroy	ADDRESS Williamsport Maryland 490187		

RECEIVED  
MAY 8 1951  
BUREAU V. S.